

**WRITTEN PUBLIC COMMENT TO COMMUNITY VACCINE ADVISORY COMMITTEE (CVAC)
Submitted Between Meeting #2 November 30, 2020 Through December 14, 2020**

Tani G. Cantil-Sakauye, Chief Justice of California, Judicial Council of California

I write to provide you with important information and to make a request for consideration. Before doing so, I want to thank you and acknowledge the remarkable work and leadership you are providing in managing an unprecedented degree of multiple crises simultaneously. In my public service career, I have never seen anything like it.

As California anticipates the availability of COVID-19 vaccines and begins to plan for their acquisition and distribution, I request on behalf of the California Judicial Branch that court employees and judicial officers be included as a priority in the plan, given the early limited supply of vaccines. I make this request in light of the California court system's close proximity to our residents/users/partners, and the significant degree of foot traffic cycling through our courthouses.

We fully understand that there are others who should have first priority, but employees and members of the judiciary should not be far behind as they are designated as "essential workers" by the Administration, and current guidance issued by the Centers for Disease Control and Prevention includes several classes of essential workers given their criticality to the functioning of society. Further, the Department of Homeland Security has designated courts as essential critical infrastructure workers¹. Accordingly, state court employees and judicial officers should be included in any early planning given the essential role state courts play in our society and economy. Following are considerations that support this request.

- Courts have continued to function during the crisis using technology to conduct many types of proceedings remotely; however, not all essential business can be conducted by remote means and the other cases that have been held in abeyance will soon resume.
- Courthouses continue to be among the busiest government offices; yet, they are also among facilities most difficult to enforce social distancing.
- COVID-19 outbreaks among judicial officers or court employees could easily disable our state court system, significantly impacting public safety, our state, and its economy.
- Unlike schools and some other government facilities, those entering and leaving court facilities are not always the same set of people every day, or even every week. People entering courthouses often do not have the option of missing court; in most, if not all cases, they are mandated to be there to handle essential business. These factors mean that courthouses remain one of the single greatest opportunities for COVID-19 spread.
- Thousands of court cases have been delayed or postponed, creating a growing backlog of cases. Constitutional rights and statutory requirements for conducting

court proceedings force some courts to conduct those proceedings in person. For example, in the coming months, the trial courts will face a deluge of cases with various moratoria expiring, including the current moratorium on evictions.

Below are examples of types of matters courts must hear to protect the public and vulnerable populations.

- Criminal
 - Bail hearings to consider detention or release for those accused of crimes.
 - Criminal sentencing.
 - Probation services to ensure probationers are following court mandates, including: supervision/case management, drug testing, community safety activities, and treatment needs.
- Children, Family, and Elders
 - Child abuse and neglect cases to protect children from unsafe conditions.
 - Guardianship and conservatorship cases to protect the elderly and incapacitated from exploitation, neglect, and fraud.
 - Protection orders to keep people safe from violence.
- Civil
 - Unlawful detainer/eviction hearings.

Based on these factors, it is important that courts be considered in the early planning to protect the judicial officers and employees who are essential or working directly next to others who are also designated essential. In addition, exposures are expected to exacerbate as California trial courts will soon be facing an inundation of litigation and increasing demands for in-person proceedings, as noted above.

For planning purposes, California's court system employs approximately 2,400 judicial officers and 21,000 employees.

In partnership, please advise if we can evaluate any courthouse locations to determine viability as state/coordinated testing or vaccination sites.

Again, thank you for all that you are doing to keep California's residents safe and its government functioning to serve them.

¹ See *Guidance on the Essential Critical Infrastructure Workforce: Ensuring Community and National Resilience in COVID-19 Response, Version 4.0*, August 18, 2020 (available at: www.cisa.gov/sites/default/files/publications/Version_4.0_CISA_Guidance_on_Essential_Critical_Infrastructure_Workers_FINAL%20AUG%2018v3.pdf).

Jamie R. Gibeaut, The Stone Clinic

I oversee a surgical and rehab clinic in San Francisco that provides urgent surgeries and post-operative rehab to patients. Due to the urgent nature of the injuries we treat, we have been providing essential medical care to our patient population under strict infection prevention protocols throughout the entirety of the pandemic. Several members of our clinical teams fall into the high-risk category for severe COVID infection and the majority of our patients are considered high-risk as they are potentially immunocompromised due to their traumatic injuries and/or because they are immediately post-operative. We need to be able to vaccinate our clinical staff as soon as possible to ensure their ability to continue providing urgent surgical care to our patients. We would also like provide vaccine services to our eligible patients once the appropriate Phase of the vaccine distribution plan has been reached to prevent any additional and unnecessary risks while they are in the acute phase of recovery.

Can you advise me on how I can register our clinic to obtain and provide COVID immunizations to our clinical staff as part of Phase 1 once FDA approval has occurred?

Michelle George, California Ambulatory Surgery Association (CASA)

As the state experiences a devastating surge in COVID-19 infections, we wish to alert you to ways that the 794 Medicare-certified ambulatory surgery centers (ASCs) across California can and should be used to assist our hospital partners in managing this crisis and providing much-needed care to patients. Specifically, we encourage you to:

- Ensure that ASCs can remain open and continue to provide patients with necessary procedures and treatments during the weeks ahead;
- Adopt waivers to enable ASCs to provide further support to hospitals;
- Include ASC staff as part of healthcare workforce that you are prioritizing for the initial phase of vaccinations for COVID-19.

As California struggled with the novel coronavirus in the early months of the pandemic, ASCs along with hospitals understood the need at that time to restrict elective surgeries due to concerns surrounding equipment and supply shortages. While this decision was the correct one at the time, it resulted in a pent-up demand of patients who have deferred needed care and are at increased risk of experiencing a negative clinical outcome. By June 30, 2020, because of concerns about COVID-19, an estimated 41% of U.S. adults had delayed or avoided medical care including urgent or emergency care (12%) and routine care (32%).¹ The healthcare community is still working to address this backlog now. Experience with the previous restrictions on elective surgeries at ASCs has shown that such restrictions failed to have a meaningful positive impact on hospital bed capacity or patient safety, and ultimately contributed to increased patient suffering due to serious delays in much-needed surgical care.

There will be long term harm if the care backlog is exacerbated, so we encourage smart and strategic use of ASCs to ensure that the appropriate surgical needs of California patients are met while we also focus hospital resources on addressing the COVID-19 surge. With certain waivers in place, ASCs could do even more to provide a relief valve for California hospitals by taking on additional outpatient surgeries during this time. We have attached an overview of suggested approaches and necessary waivers that would safely and appropriately expand ASC services to temporarily allow more surgical patients to be treated in an ASC setting rather than a hospital setting. For example, a temporary waiver on enforcement of length-of-stay restrictions in an ASC would allow ASCs to care for patients who may need to stay more than 24 hours. Additionally, California ASCs are awaiting guidance from the California Department of Public Health on implementation of the Center for Medicare and Medicaid Services (CMS) Hospitals Without Walls Program.

ASCs are a critical component of the California healthcare infrastructure, and during this crisis they provide an even more important option for surgical care. We encourage you to position them to be as helpful as possible at this time not only through the steps highlighted above, but also by protecting their workforce with vaccines for COVID-19. The three tiers of healthcare workers addressed in the initial vaccine distribution plan did not mention ambulatory surgery center staff, but they must be included in this early phase of distribution as well.

While our state works to get the COVID-19 surge under control in the weeks ahead, we cannot allow patients' healthcare needs to go unmet – medical care delay or avoidance could increase morbidity and mortality risk associated with treatable and preventable health conditions. ASCs will remain in constant communication with local, regional and state officials as well as hospital partners to track capacity, ensure continued availability of PPE, and monitor COVID-case counts. They will continue to efficiently and effectively provide needed patient care, while upholding the highest safety standards.

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¹ Czeisler MÉ, Marynak K, Clarke KE, et al. Delay or Avoidance of Medical Care Because of COVID-19–Related Concerns — United States, June 2020. MMWR Morb Mortal Wkly Rep 2020;69:1250–1257. DOI: <http://dx.doi.org/10.15585/mmwr.mm6936a4external icon>.

Barbara Simpson, The Heritage Downtown (HD)

HD is an independently owned, senior property in Walnut Creek and has been owned by the Watt’s family for 35+ years. Our population is 122, 80+ year old seniors with 45 staff members who provide services such as housekeeping, transportation, dining, activities, etc.

Because our property is not licensed by the State, we most likely will not be on the Phase 1a list for the COVID-19 vaccine.

I am hoping by writing this letter, you can provide me information as to how I can petition to get on the vaccine list or any list for that matter to help get our residents and staff inoculated.

Can you please help me?

Laura Galvin, Oakland Resident

I am an 82-year-old woman living in the same retirement community as the woman who wrote the letter, below. I feel exactly as she does. The essential workers must be taken care of first!

Thank you for your attention to distributing the vaccine fairly! It is the best way to help the country get back on track.

Martha Luehrmann, Oakland Resident

I am a 78-year-old woman living in a retirement community in Oakland. I am looking forward to getting the COVID vaccine, but I want it to be clearly understood that I and many of my retirement friends feel strongly that we should not take precedence over essential workers, particularly health care workers.

My preference, and that of many of the people in this retirement community is:

1. essential health-care workers
2. police and firemen
3. other essential workers (groceries, post office, teachers, transportation, etc.)

Only then can you afford to try to protect the most vulnerable:

4. elderly or disabled in nursing homes
5. elderly or disabled in retirement communities
6. all other elderly or disabled
7. adults
8. children

The essential workers MUST be taken care of FIRST. They are, as their name implies, essential for all. Helping one of them helps multiples of others.

Elena D'Agustino, Public Defender, Solano County

I am writing to request that you include Public Defenders and their incarcerated clients in the group of people who should receive the COVID-19 vaccine at a higher priority. I also join in support of the December 2, 2020 letter to you from the California Public Defender's Association.

Our attorneys have continued to work throughout the pandemic; appearing in court with their incarcerated clients and visiting them in the jails. While other participants have been able to appear remotely, if our clients were personally present, our attorneys were present with them. In Solano County, we have not had video appearances for in custody clients. There is a limit to the social distancing that has been available in our courtrooms and for any hearings of substance, our attorneys have been sitting at a table less than 6' distant from their clients. And many hearings last longer than fifteen minutes.

An outbreak in the jail or in the Public Defender's Office could have dramatic consequences for the local courts. We are essential workers: as long as the police continue to make arrests and the prosecutors file charges, we are required to work in the courthouse and jails. Our attorneys have been risking their lives and those of their family by doing their jobs.

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Kevin Brown, Cemetery and Mortuary Association of California

In light of the release of the National Academies of Sciences, Engineering, and Medicine (NAS) Framework for the Equitable Allocation of COVID-19 Vaccine, and the drafting of respective State vaccine distribution plans, the Cemetery and Mortuary Association of California (CMAC) is urging you to utilize the NAS recommendations for vaccine distribution to high-risk health care workers, including those same workers in the deathcare industry.

This also follows Department of Homeland Security Cybersecurity and Infrastructure Security Agency [CISA] guidance to states on essential critical workers during COVID-19 response that includes deathcare workers as essential healthcare and public health professionals.

As developing an equitable allocation plan for a COVID-19 vaccine is critical in light of what are expected to be limited resources upon initial approval, prioritization should be given to those at most risk for infection and serious outcomes; in roles considered to be essential for societal functioning; and most at-risk of transmitting coronavirus to others.

Deathcare workers, which include funeral directors, morticians, crematory, funeral home and cemetery workers are all on the front lines in responding to the pandemic. The deathcare profession is handling the COVID-19 deaths in the United States from transporting and refrigerating the deceased, to meeting with family members/loved ones as well as the handling and final disposition of COVID-19 victims, and preparing the deceased for visitations, cremation, funerals, and ultimately burying the deceased.

Within the NAS framework, the highest priority for allocation of the COVID-19 vaccine is targeted to high-risk health workers, first responders, those with underlying conditions, and older adults in overcrowded settings, such as nursing homes. Specifically, under the classification of high-risk workers in health care facilities, the framework lists "morticians, funeral home workers and other death care professionals involved in the handling of bodies," to receive priority vaccination. In addition, in guidance to states regarding classifying essential critical workers during COVID-19 response, the Department of Homeland Security Cybersecurity and Infrastructure Security Agency (CISA) has defined deathcare workers as essential healthcare and public health professionals.

Every day, deathcare workers risk exposure to the novel coronavirus as they handle remains and interact with the public. Enabling frontline deathcare workers to have access to a COVID-19 vaccine will help safeguard these essential workers so they can continue to provide the timely

and effective handling of COVID-19 victims and other deaths. Failure to protect them could further exacerbate the public health hazard.

Please make sure to include all deathcare workers as high-risk workers and include them as priority for vaccine distribution.

Jerry (*no last name provided*)

Dentists should be included in Tier one. They are required to provide emergency care to all patients and this care can not be administered to a patient wearing a mask. This creates a very high risk environment where aerosols are created with a high speed drill exposing everyone to saliva aerosols.

Lindsey Liebig

The Sacramento County Farm Bureau is a non-governmental, non-profit, grassroots organization. Our purpose is to protect and promote agricultural interests throughout Sacramento County and to find solutions to the problems of the farm, the farm home, and rural communities. Farm Bureau strives to protect and improve the ability of farmers and ranchers engaged in production agriculture to provide a reliable supply of food and fiber through responsible stewardship of California's resources.

Since the start of the COVID-19 pandemic last March, our organization has been actively involved in farmworker health and safety issues, to maintain not only the health and wellbeing of our valued employees, but also to keep critical food supply chains moving forward for retail and commercial food services. Farmworkers play a critical role in the growing and harvesting of different crops produced here in Sacramento County.

Taking a pro-active stance developing practices and workplace rules that protect our farmworkers was mission critical to keeping our food supply secure.

Our crops cannot be mechanically harvested. Thus, we are dependent on individual farmworkers to grow and harvest our crops each year. Any shortage of farmworker labor means that crops are left in the field unharvested; such is the reality of producing fresh food products that have a short window of harvest for optimal market quality.

On behalf of the Board of Directors of Sacramento County Farm Bureau, we request that due consideration be given to prioritizing our farmworkers for any and all COVID-19 vaccines made available in the State of California.

Farmworkers are the first responders of our food supply; we need to protect them as much as possible to ensure own collective food security.

John Bohman, Oakland Resident

Thank you for serving on the advisory committee reviewing the upcoming vaccination strategy in California. It is my hope that priority will be given to health care workers in acute care hospitals, followed by those working for or residing in nursing homes. These would help keep care available, as well as help subdue the spread of the virus in places where patients are being cared for/

Suzanne Barba

I am a 86 year-old woman living in a retirement community in Oakland. I am looking forward to getting the COVID vaccine, but I want it to be clearly understood that I and many of my retirement friends feel strongly that we should not take precedence over essential workers, particularly health care workers.

My preference, and that of many of the people in this retirement community is:

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Paul P. Skoutelas, American Public Transportation Association

On behalf of the American Public Transportation Association (APTA), our 1,500 member organizations and the tens of millions of public transportation riders, I want to thank you for your extraordinary efforts to help contain the spread of COVID-19 and keep residents healthy and safe.

We are heartened by the progress on the development and deployment of the COVID-19 vaccine. We urge you to designate public transportation workers as essential employees in your state's public health plan and give them high priority in your vaccine distribution efforts.

Since the early days of the pandemic, public transportation has played a critical role in transporting essential frontline workers to their jobs in health care, education, utilities and retail for food and critical supplies. Our public transit employees have been heroes moving heroes. Public transit service will be even more critical to the recovery of local, state and national economies.

At the national level, we are pleased that the Advisory Committee on Immunization Practices, which is advising the Centers for Disease Control, proposed that essential workers (including transportation workers) be included in the second priority group after health care workers.

In addition, public transit workers providing critical transit services and performing critical or routine maintenance have been designated by the Department of Homeland Security's Cybersecurity and Infrastructure Security Agency (DHS/CISA) as Essential Critical Infrastructure Workers. Their performance of critical functions places them at higher risk of exposure to COVID-19 infection.

We want you to know that our industry stands ready to help in any way to facilitate the vaccine distribution, such as getting residents, including people with disabilities, to vaccination sites.

Connie Boyar Frenzel, PHN, MS

As a former county public health nurse, a developmental disabilities nurse and mother of a disabled adult with autism I am aware of the complexities in determining who should receive priority in receiving the covid 19 vaccine.

I urge you to give the same priority to all caregivers of disabled and the disabled themselves in receiving the vaccine as you will be giving to nursing home residents and their caregivers

Facts:

- 1) Caregivers of the developmentally disabled and other disabled often have multiple jobs with home care agencies, group homes, supported living agencies, respite care agencies, to make ends meet. Consequently they have a higher risk of exposing themselves or others since they are working in multiple settings.
- 2) The developmentally disabled may have poorer hygiene practices therefore they are at higher risk of either contacting or spreading covid
- 3) Many disabled live in congregate settings just like residents of nursing homes
- 4) Many disabled have co occurring conditions making them higher risk of becoming sicker if they get covid and needing hospitalization.

5) Many IHSS workers who are also aging parents are caring full time for their disabled children. If they get sick, then who will care for their disabled adult children? They should also be given priority to receive the vaccine.

6) Some caregivers may choose not to get vaccinated. According to a Gallup Panel survey conducted Oct 19-Nov 1, 58% of the US public said they would be willing to get vaccinated.

7) Disabled who receive IHSS services, have a very difficult time finding replacement caregivers when their caregivers get sick with Covid. The Public Authority caregiver lists often do not have adequate caregiver replacements that are appropriate or even available to meet their needs.

To increase compliance among caregiver workers to receive the vaccine, I suggest the following:

- 1) Mandate IHSS workers receive the vaccine and have access to receive the vaccine for free.
- 2) Mandate that Regional center funded caregivers who work in group homes, SLS agencies, respite family group homes, respite care and any other position that they are in direct contact with disabled receive the covid 19 vaccine
- 3) Similar to TB testing requirements and proof before someone is employed in a school or health setting, develop a simple system to show evidence that caregivers have been vaccinated
- 4) Develop culturally appropriate outreach materials to improve compliance among caregivers to get vaccinated.

Mike Dark, California Advocates for Nursing Home Reform (CANHR), Justice in Aging and Disability Rights Organization

The undersigned aging and disability advocacy organizations are committed to supporting the well-being of Californians living in long term care and applaud your work and the work of the Community Advisory Committee (the “Committee”) to prioritize the safety of vulnerable elders living in these settings. While we understand that the principal goal of the Committee is to build consensus around the prioritization of the COVID-19 vaccine distribution process, committee chairs have also expressed interest during our meetings in concerns that stakeholder groups might have regarding vaccine messaging and related logistics for the communities we represent.

As you know, to enable residents of long term care to participate meaningfully in decisions about vaccination, physicians have a responsibility to provide information and help patients understand the risks and benefits of this treatment.¹ We have three areas of particular concern relating to informed consent that we think must be addressed to ensure a successful vaccine distribution campaign aimed at residents of nursing homes and assisted living communities.

First, many long term care residents do not even know the name of their physician, and their isolation makes them unlikely to benefit from mass media efforts to educate the public regarding vaccines. A tailored campaign addressing the special needs of long term care

¹ <https://www.ama-assn.org/delivering-care/ethics/code-medical-ethics-consent-communication-decision-making>

residents is called for, perhaps including a short video in the appropriate language that can be shown to residents explaining the vaccines and their risks and benefits, with subtext for residents who are hearing-impaired. Such a video could usefully supplement, but not replace, a discussion with a physician.

Second, and relatedly, the support of family will be essential for residents weighing whether to consent to vaccination. Current restrictions on visitation posed by the state agencies and by county public health departments² may make it difficult for family to provide this assistance. In addition, hearing and cognitive limitations and inconsistent availability of alternative means of contact such as Facetime underscore the importance that this support be provided in person.³ This problem could be addressed by the issuance of an All Facilities Letter and Provider Information Notice mandating that facilities permit a family member, with appropriate safety measures in place, to enter a facility to provide this support in the context of vaccination decision-making.

Thirdly, we have a special concern about efforts to obtain consent from residents with limited capacity. Close to two-thirds of all U.S. nursing home residents have some form of cognitive impairment such as Alzheimer's disease.⁴ While legal surrogates such as family members with power of attorney can make decisions for residents who are deemed to lack capacity, these formal arrangements are uncommon, and decision making is often left to informal arrangements not currently recognized by California law.⁵ Safe and effective COVID-19 vaccination, while essential for the well-being of long term care residents, is an unusually controversial topic, even within families. Consequently, a clearer statement of legal authority of family members to make such decisions for residents lacking capacity is an important safeguard both for residents and for family decisionmakers. This could be remedied with emergency legislation or regulation.

Finally, for all types of residents, whether or not they are deemed to have capacity, a standardized form with appropriate disclosures should be developed and employed across all types of facilities to document that appropriate efforts have been made to obtain the consent of residents.

We look forward to working with you and with the Committee to ensure a successful and expeditious vaccination campaign and welcome any questions you might have.

Jennifer Friedman, California Public Defenders Association

I am writing on behalf of the California Public Defenders Association. The California Public Defenders Association (CPDA) is a statewide organization of approximately 4000 public defender attorneys, private defense attorneys, investigators and other allied professionals. Members of CPDA represent indigent individuals charged with crimes across the state, many of

² http://canhr.org/factsheets/covid_fs/PDFs/fs_visitation.pdf

³ Furthermore, limited staffing at many facilities make it unlikely that sufficient staff will be available to facilitate remote contact with families and caregivers.

⁴ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5767317/>

⁵ <https://www.uclahealth.org/palliative-care/Workfiles/Determining-Appropriate-Decision-Maker.pdf>

whom are held in local jails, juvenile and immigration detention facilities while their cases are pending trial.

We understand that you will soon be deciding how to prioritize access to the limited number of COVID-19 vaccines that will become available in this state. We recognize that health care workers must be given access to vaccines as soon as the vaccines have been determined to be safe and use is approved. Once health care workers have been vaccinated, vulnerable populations living in close quarters should be given priority. We write to request that you include in this group those who may be the most vulnerable population: our incarcerated clients, many of whom are people of color who have underlying health conditions, suffer from mental illness, and are at the greatest risk for contracting COVID-19 and becoming severely ill or even dying from the disease. Our incarcerated clients are living in conditions that prevent them from being able to socially distance, and are frequently not provided the necessary sanitary products, making protective hygiene impossible. There have already been numerous outbreaks in local jails across the state. During a period in May of this year, 60% of inmates in one of the Los Angeles County Jail facilities tested positive for COVID-19.¹ There are currently massive outbreaks in San Diego and Stanislaus County Jails.² Santa Cruz County Jail is experiencing an outbreak among correctional officers which will no doubt lead to an outbreak among inmates.³ It was recently reported that the family of a person who was incarcerated in the San Diego County Jail, is suing because their son contracted COVID-19, and as a result of not receiving proper medical attention, died from the virus. If the state chooses to keep these people in custody, then the state should prioritize vaccinating them, if they desire to be vaccinated.

Throughout the pandemic the courts have been deemed essential and have not ceased operating. No one in the court system has more exposure and more close contact with our clients, their families and community members than public defenders. Public Defenders have been deemed and considered "essential workers" throughout the pandemic. The services provided by public defenders and appointed attorneys are mandated by the state and federal constitutions, as well as by California statute. Throughout the pandemic, public defender work has not stopped, and in many cases it has actually increased. Each arrest effectuated by a police officer requires a public defender to take some action, sometimes within hours of the arrest. In every sense of the word, public defenders are first responders trained to aid clients who themselves are uniquely vulnerable to infection from the COVID-19 virus. Public defenders must visit their incarcerated clients in the jails and must communicate with clients' families who are members of marginalized communities that have been disproportionately affected by the virus. Public Defenders stand side by side with their clients in courts across the state. Public Defenders communicate with court staff, including bailiffs who are in close proximity to our incarcerated clients. More than anyone else in the court system, Public Defenders place their lives at risk by simply doing their jobs. Numerous public defender staff have been exposed to, tested positive for, and developed symptoms from the virus. We lost a member of our community to COVID-19, a Los Angeles County Public Defender who died of the virus in June of this year.⁴

We also believe that special consideration should be given to court personnel. Although they typically do not come into close contact with incarcerated individuals, they routinely have contact with members of the community and our clients. Therefore, we believe that they should also be assured access to vaccines. In the interim, vaccinating public defenders, appointed lawyers and their incarcerated clients will go a long way towards reducing exposure to court personnel and other members of the community who are uniquely at risk of contracting the virus.

Members of CPDA have seen both clients and colleagues die as a result of exposure to this virus. Prioritizing incarcerated individuals, public defenders, and appointed attorneys for early access to the COVID-19 vaccine will protect not only them but the entire community, and ensure that legal services are delivered as seamlessly as possible to the indigent accused and the public as a whole. Thank you for your consideration of our concerns.

¹ <https://www.latimes.com/california/stoi:y/2020-05-27/coronavirus-infection-rates-los-angeles-county-iails>

² <https://www.sandiegouniontribune.com/news/watchdog/stoi:y/2020-12-01/active-covid-19-cases-running-rampant-in-county-jails-among-staff-and-inmates>
<https://www.modbee.com/news/coronavirus/article247520025.html>

Jose H. Varela, Public Defender, County of Marin

Every day public defender attorneys and staff interact with many people, some who are positive for COVID 19. In Marin County, we have had clients come to our office and shown us test results confirming their positive status. In addition, we have had infection among our jail staff which caused our county health director to mandate testing and quarantine of those individuals.

Public defenders throughout the state will soon see large calendars and more in person appearances of clients as our lives normalize again, but the danger of infection of COVID 19 will be greater as the number of contacts grows. Public defenders represent individuals who often have poor health care, suffer from chronic conditions, and do not test for COVID 19 due to their limited access to such tests. Without priority with other essential front-line workers our attorneys and staff will be placed in harm's way.

I, therefore implore you to place public defender attorneys and staff in the highest essential worker priority below the CDC recommended highest level for medical workers and people in convalescent homes who are at highest risk.

Randy Mize, Public Defender, San Diego County Public Defender's Office

After health care workers, deciding who receives access to the limited COVID-19 vaccinations will be difficult. We, the San Diego County Public Defender's Office, would ask you to consider prioritizing essential workers fighting for justice and the indigent incarcerated clients whose constitutional rights have been challenged by this pandemic be given priority. By prioritizing incarcerated clients, Public Defenders, and justice partners you would be prioritizing the constitution and the essential workers who are fighting to defend those rights.

First, our incarcerated clients represent one of the most vulnerable populations. Our incarcerated clients are forced to live in close quarters where protective hygiene and social distancing are impossible. Many of our clients suffer from underlying health conditions, mental illness, and are at the greatest risk for contracting COVID-19. Local jails are not immune from COVID-19 outbreaks. In fact, as COVID-19 surges across the state, outbreaks in Los Angeles, San Diego, and Stanislaus jails have surged commensurately. Here in San Diego, the recent death of a local inmate has led to a lawsuit. The grieving parents filed a lawsuit claiming that their son contracted COVID-19 in custody, did not receive proper care, and died from the virus. While some may scoff at prioritizing people who are accused of committing crimes, this group is presumed to be innocent, represent a group whose rights are protected by the constitution, and every life is valuable.

Second, San Diego County Public Defenders have been deemed essential workers and have toiled tirelessly as the pandemic raged across the state. No one has more contact or exposure with clients, their families, and community members than Public Defenders who are constitutionally mandated to protect and defend those accused of committing crimes in San Diego. More than anyone else in the court system, Public Defenders place their lives on the line every time we show up for work. Public Defenders and Public Defender Staff have been exposed to, tested positive for, and suffered symptoms from COVID-19. The San Diego Public Defender's Office has fought hard to protect incarcerated clients' lives while working to ensure the safety of Public Defenders. The recent loss of a Deputy Public Defender in Los Angeles County is a tragic reminder of the dire consequences for those working on the front lines as essential workers.

Finally, the courts and justice partners are also at risk. Besides Public Defenders, the group with the most exposure to incarcerated clients, their families, and members of the community are deputy sheriffs. The deputies transport incarcerated clients, maintain security, and ensure smooth daily operations at the courthouse. Additionally, judges, court staff, and prosecutors are exposed to COVID-19 as well. Everyone involved in the criminal justice system should receive priority vaccinations to ensure constitutionally mandated rights are preserved.

Keeping the courthouse doors open and ensuring incarcerated clients' constitutional rights are protected should be a priority. Protecting essential workers in the courthouse who are working to ensure those constitutional rights are preserved ensure that the community and public at large are protected as well. Thank you for considering our concerns.

Tracie Olson, Chief Public Defender, Yolo County

I am writing to request that public defender clients and public defender staff be offered priority in receiving the COVID-19 vaccine.

Our clients are among the most vulnerable in society. Many are detained in facilities such as jails, juvenile halls, and immigration detention centers, where social distancing is prohibitive and access to necessary sanitary products is sparse. Additionally, many of our clients suffer from underlying health conditions, including physical ailments and mental illness, that make them uniquely susceptible to severe illness and death from the COVID-19 virus. Ensuring the vaccine is offered to our detained population should be a priority in the vaccine distribution plan.

Moreover, public defender staff should be offered priority in receiving the COVID-19 vaccine. The work of public defenders never stopped. Even with the temporary closures of certain courthouses, the responsibility of public defenders to communicate with clients, incarcerated or not, did not stop.

Throughout this pandemic, we have continued to prepare cases, visit clients in jail and other detention facilities, communicate with clients' families, and go to court. We believe that our responsibility to represent our clients to the best of our ability has always superseded the risks to our personal health, and many of us have paid the price by contracting the virus. A Los Angeles Public Defender died from the COVID-19 virus earlier this summer. Allowing us to be vaccinated along with other essential workers would help ensure that clients continue to receive high quality and timely legal representation while keeping us safe in the process.

Erika Anzoategui, Los Angeles County

Hope all is well. I want to take the time to thank you for all you have done for California in relation to health measures, prior to and now during the pandemic. It is wonderful to see you succeed in such an important position.

I understand you are a part of the group deciding the proper distribution of the COVID-19 vaccine. As discussed in today's press conference, thank you for considering the needs of the most vulnerable populations such as health care workers and those in correctional facility hospitals in the early distribution priority of the vaccine. On behalf of the attorneys in my office, I want to echo the sentiment of several public defender offices from around the state urging you to include public defenders in the early distribution of the vaccine as well. As you know, public defenders work closely with clients, and many of our clients are in custody, which has proven to be a place of widespread infection.

Public Defenders have regular and daily contact with incarcerated individuals. Since we are essential workers, we have been at work every day to represent our clients' rights in lock

ups, jails, and crowded courts, despite any stay at home orders. The criminal courts have not closed during the pandemic, nor do I believe they will. No one in the court system has more exposure to the clients, law enforcement, family members, health care evaluators, and community-based servicers, etc. (all necessary for the representation of our clients) than public defenders.

In addition, our in-custody clients, especially those with vulnerabilities, are at terrible risk as you already know. These clients cannot safely distance or disinfect their spaces, so we are asking that people in jail and prison facilities be prioritized. This helps protect this vulnerable group, and those they encounter while in and out of custody.

Thank you for your time in considering our requests. I imagine you have many people asking for priority. I am comforted knowing that you and your team are the ones making these difficult choices and appreciate all your efforts.

Ricardo D. Garcia, Public Defender, Los Angeles County

I am sending you this letter on behalf of the 1200 staff members in the Los Angeles County Public Defender's Office and in support of the letter sent by California Public Defenders Association President, Jennifer Friedman dated 12/2/2020 requesting that you prioritize our Public Defender staff and in custody clients when determining distribution of the COVID vaccine. The Los Angeles Public Defender's Office is the largest and oldest indigent defense firm in the nation.

Public Defenders across California are essential workers who have continued to work in person in the courts and in custodial facilities such as lockups and jail since the beginning of the pandemic. Our clients, particularly our clients in custody, are at enhanced risk of contracting COVID-19 and dying from it. Many of them suffer from pre-existing conditions that make them vulnerable to the worst effects of this virus. In large numbers, they represent Brown and Black communities which have been disproportionately ravished by COVID-19. The jails and lockups, with their restricted airflow and ventilation, are vectors for disease. State prison transfers have slowed to a halt and the Los Angeles County jail population has ballooned to levels close to pre-pandemic numbers. The current realities of incarceration in Los Angeles makes social distancing all but impossible, there are issues with mask distribution and usage and exposure and infections to the virus are on the rise. Several Los Angeles County jail inmates have died during this pandemic as a result of COVID-related complications.

Over the summer, the Department of Health Services through Correctional Health Services (CHS) performed mass testing of county jail inmates. For weeks, there were hundreds of positive tests nearly daily. LASO and CHS have since amended their testing policy and now only test inmates at intake, when symptomatic, and when transferring to a state facility or to certain community-based organizations. Naturally, the number of positive results has decreased but the reality is we have no idea how many inmates are asymptomatic positive for COVID on any

given day. Nor do we know how many inmates with COVID are transported in the roughly 4000 transports per week to court, having direct, prolonged close contact with Public Defenders.

Close to forty members of the Los Angeles County Public Defender team have tested positive for COVID since the onset of the pandemic. Countless more have been quarantined because of exposure. We have taken every protective measure possible based on the recommendations of the Department of Public Health, but we, like our clients, are particularly vulnerable because of the very nature of our essential and constitutionally mandated work.

There is no doubt that there will be many competing interests vying for priority for the vaccine, and I know your decisions will be difficult. Healthcare workers should rightfully take priority. But please also take into consideration that public defenders and our in-custody clients don't have the luxury of being "safer at home". Access to the vaccine in the first phases of distribution for Public Defenders and our clients will reduce possible infections and help protect the public health of the communities we serve and the state at large.

It is for the above-mentioned reasons and those clearly expressed in the CPDA President's letter that I ask you to please take these matters into consideration when deciding the important issue of priority distribution of the COVID vaccine.

Susan Chapman, Monterey County Chief Public Defender

I am writing on behalf of the Monterey County Office of the Public Defender and Alternate Defender. Our offices are comprised of over 40 attorneys as well as panel attorneys (private defense attorneys), investigators and other allied professionals. We represent indigent individuals charged with crimes, many of whom are held in the Monterey County jail and prisons throughout the State, and juvenile and immigration detention facilities while their cases are pending trial.

We understand that you will soon be deciding how to prioritize access to the limited number of COVID-19 vaccines that will become available in this State. We recognize that healthcare workers must be given access to vaccines as soon as the vaccines have been determined to be safe and use is approved. Once healthcare workers have been vaccinated, vulnerable populations living in close quarters should be given priority. We write to request that you include in this group those who may be the most vulnerable population: Our incarcerated clients, many of whom are people of color who have underlying health conditions, suffer from mental illness, and are at the greatest risk for contracting COVID-19 and becoming severely ill or even dying from the disease. Our incarcerated clients are living in conditions that prevent them from being able to socially distance, and are frequently not provided the necessary sanitary products, making protective hygiene impossible.

Throughout the pandemic the courts have been deemed essential and have not ceased operating. No one in the court system has more exposure and more close contact with our clients, their families and community members than public defenders. Public Defenders have been deemed and considered "essential workers" throughout the pandemic. The services provided by public defenders and appointed attorneys are mandated by the State and federal constitutions, as well as by California statute. Throughout the pandemic, public defender work has not stopped, and in many cases has increased. Most arrests effectuated by a police officer require a public defender to take some action, sometimes within hours of the arrest. In every sense of the word, public defenders are first responders trained to aid clients who themselves are uniquely vulnerable to infection from the COVID-19 virus. Public defenders must visit their incarcerated clients in the jails (jails not on lockdown) and must communicate with clients' families who are members of marginalized communities that have been disproportionately affected by the virus. Public Defenders stand side by side with their clients in courts across the State. Public Defenders communicate with court staff, including bailiffs who are in close proximity to our incarcerated clients. More than anyone else in the court system, Public Defenders place their lives at risk by simply doing their jobs. Numerous public defender staff have been exposed to, tested positive for, and developed symptoms from the virus. We lost a member of our community to COVID-19, a Los Angeles County Public Defender who died of the virus in June of this year.' We also believe that special consideration should be given to court personnel. Although they typically do not come into close contact with incarcerated individuals, they routinely have contact with members of the community and our clients. Therefore, we believe that they should also be assured access to vaccines. In the interim, vaccinating public defenders, appointed lawyers, and their incarcerated clients will go a long way towards reducing exposure to court personnel and other members of the community who are uniquely at risk of contracting the virus.

Prioritizing incarcerated individuals, public defenders, appointed attorneys, and investigators working on indigent defendant cases for early access to the COVID-19 vaccine will protect not only them but the entire community and ensure that legal services are delivered as seamlessly as possible to the indigent accused and the public. Thank you for your consideration of our concerns.

Keri Klein, Chief Public Defender, Nevada County

I write to join in the letters submitted to you by the California Public Defender's Association and Public Defender offices around the state. I know that the decision of who to prioritize in receipt of the vaccine and who can wait is a weighty duty. I recognize that health care workers must be given access as soon as a vaccine has been determined to be safe and approved.

I ask that you consider that those who work in public defender offices are uniquely positioned. We have more exposure and more close contact with our clients, their families and

community members than anyone in the criminal system. We have been deemed essential workers and our work is mandated by both the U.S. and California Constitutions as well as by statute. Throughout the pandemic, our work has not stopped. Indeed, in some ways, it has increased. We must visit clients in our detention facility as our jail was not able to provide confidential remote visitation. And we work with those who are most vulnerable to this terrible disease. More than anyone in the court system, Public Defenders place their lives at risk merely by doing their Constitutionally mandated jobs.

It doesn't matter what steps we take to protect ourselves, we are uniquely at risk of exposure to this virus. I ask that you prioritize the vaccination of public defenders due to the risk we face every day just by doing our jobs.

Jeffrey Aaron, Public Defender Mendocino County

I write to express my concerns about how California will prioritize the limited number of COVID-19 vaccines that will soon be available. Having read the letter by the California Public Defender's Association, and those of my fellow Chief Defenders, I would like to add my voice to theirs and to second their concerns. Because of the public safety issues, I thought I should write separately. As Public Defender Abernethy observed, an outbreak in a Public Defender's office "would bring the criminal justice system to a halt." (Letter of Ronald H. Abernethy to Secretary Ghaly (12/3/20).) In Mendocino County, due to COVID-19, at one time 33% of our secretaries were absent and on another 17% of our attorneys were on leave. Indeed, today is my first day back at work after I was ordered to quarantine by Public Health following a meeting with a COVID-19 positive client. Because of the staff shortages, we have been forced to continue matters, to delay settlement negotiations and sentencings, and to continue trials. These delays arguably exacerbate the dangerousness increasing in our community. By way of illustration, in just this past year we were appointed to represent clients in three times as many murder cases as is usual. Thank you for your kind attention to this matter, I respectfully urge you to consider prioritizing the vaccination of incarcerated persons and court personnel, including the staff in Public Defender offices.

G. Christopher Gardner, San Bernardino County Public Defender

I am writing on behalf of the nearly 300 team members at the San Bernardino County Public Defender's Office, and in support of the letter sent by CPDA President Jennifer Friedman requesting that you prioritize our PD staff, as well as our in-custody clients when determining the distribution of the COVID-19 vaccine.

While I have no doubt you are being inundated with similar requests, I must stress that our staff have long been considered "*essential workers*". As such, we have been working with a

vulnerable population of clients detained at adult and juvenile detention facilities, throughout these tenuous times. Simply put, if the Court is open for business we must be open for business, and we must do all we can to protect our clients and uphold their due process rights. The San Bernardino County Superior Court has been open all but 5 days since this pandemic began, and so have we. Our team has been performing our constitutionally mandated functions bravely and admirably throughout the pandemic, and I cannot stress enough that it is often done at great risk to them and their families. While confidential communication with clients and others is at the heart of what we do, at times, it is simply impossible for us to do while maintaining proper social distancing.

Whether it is our attorneys meeting face-to-face with clients every day in court, or going into the jails daily to meet with our clients and make virtual court appearances, they are literally on the front line doing their job every day in environments ripe for the transmission of the virus. To insure that our attorneys are properly prepared to do their jobs, other team members have been forced to put themselves at-risk as well. Investigators have had to deliver in-person subpoenas on a frequent basis and they have often been called on to conduct investigations or provide transportation that requires in-person contact with the public. Similarly, our social workers have had to meet with clients and their families to insure they are receiving the services they need to be successful in the community. Last and certainly not least, is our incredible support staff, who are needed in the office every day to serve the public, and to make certain that everything that needs to get done for a law firm to function is getting done. They are amazing public servants.

The San Bernardino County Public Defender's office is staffed with silent heroes. People who know they could be exposed to the virus every day, but who still go to work anyway because it is the job we chose to do, and we realize that if we aren't there for our clients when they go to court nobody else will be. We know there are no guarantees we will stay healthy, but we take what precautions we can and we do our work, even as a growing number of our team has become sick or forced to quarantine. We recognize and appreciate there are other job functions in society that are riskier than ours, and who should be ahead of us in the line for the vaccine. Having said that, I hope that you take a moment when making such a difficult decision and consider this, and other letters detailing the type of dangerous daily exposure Public Defender staffs have to the virus, as well as the important and essential function we play in our justice system. Simply put, there can be no justice system in California without us.

Steven Garrett, Chief Public Defender Sacramento County

I am writing to ask that you include Public Defenders in the group of people who should receive the COVID-19 vaccine at the earliest opportunity. I also write in support of the December 2, 2020 letter to you from the California Public Defender's Association. I join in Napa County Public Defender Ron Abernathy's letter, dated December 3, 2020,

explaining the epidemiological reasons to put Public Defenders at the front of the vaccination line.

To the above voices I add another perspective--fairness compels the conclusion that Public Defenders be among the earliest groups given access to the COVID-19 vaccines. Public Defenders are at high risk daily. Normally, in Sacramento County, prosecutors and judges appear in court via television, but Public Defenders must appear alongside their clients in court. We go to jails to meet with and counsel clients. We appear in crowded courtrooms and manage lengthy court calendars. More than anyone in the court system, Public Defenders place their lives at risk by simply doing their jobs.

Troy A. Britt, San Diego Public Defender's Association

As of early December 2020, the COVID-19 pandemic has devastated California. Over one million Californians have been exposed to this deadly virus and 18,789 have tragically lost their lives. After health care workers, deciding who receives access to the limited COVID-19 vaccinations will be difficult. As you develop COVID-19 vaccine distribution plans, the San Diego Public Defender's Association calls for all actors within the criminal legal system to be prioritized in the COVID-19 vaccination process. The San Diego Public Defender's Association, representing over 200 hundred lawyers, would ask you to consider prioritizing essential workers fighting for justice and the indigent incarcerated clients whose constitutional rights have been challenged by this pandemic.

By prioritizing incarcerated clients, Public Defenders, and justice partners you would be prioritizing the constitution and the essential workers who are fighting to defend those rights. The proper and constitutional functioning of the American criminal legal system depends upon these essential actors coming together in enclosed spaces for prolonged periods of time, a high-risk proposition in the absence of a vaccine or other mechanism to bring the pandemic under control. Because COVID-19 is a highly infectious and potentially deadly disease that spreads most aggressively when people are in close proximity in enclosed spaces for extended periods of time, business as usual in the courthouses across the state remains impossible. Without immediate vaccination the courthouse remains a dangerous place.

First, our incarcerated clients represent one of the most vulnerable populations. Our incarcerated clients are forced to live in close quarters where protective hygiene and social distancing are impossible. Many of our clients suffer from underlying health conditions, mental illness, and are at the greatest risk for contracting COVID-19. Local jails are not immune from COVID-19 outbreaks. In fact, as COVID-19 surges across the state, outbreaks in Los Angeles, San Diego, and Stanislaus jails have surged commensurately. Here in San Diego, the recent death of a local inmate has led to a lawsuit. The grieving parents filed a lawsuit claiming that their son contracted COVID-19 in custody, did not receive proper care, and died from the virus. While

some may scoff at prioritizing people who are accused of committing crimes, every life is valuable, and members of this vulnerable group are presumed to be innocent.

Second, members of the San Diego Public Defender's Association have been deemed essential workers and have toiled tirelessly as the pandemic raged across the state. No one has more contact or exposure with clients, their families, and community members than Public Defenders who are constitutionally mandated to protect and defend those accused of committing crimes in San Diego. In a time where COVID-19 cases are surging to uncharted levels across the state and our purple-tiered county, San Diego Public Defenders are increasingly exposed to scenarios where the potential exists to contract COVID-19. Teams of Public Defenders can be found in the various San Diego County Courthouses and consult with people who are out of custody and have questions about future court dates and court cases. Jury trials and bench trials resumed bringing more community members in the form of jurors into the courthouse. San Diego Public Defenders and their clients appear in person at other court hearings, while the District Attorney and Judges appear safely from a remote video location.

More than anyone else in the courthouse, Public Defenders place their lives on the line every time we show up for work. Public Defenders and Public Defender Staff have been exposed to, tested positive for, and suffered symptoms from COVID-19. The San Diego Public Defender's Office has fought hard to protect incarcerated clients' lives while working to ensure the safety of Public Defenders. The recent loss of a Deputy Public Defender in Los Angeles County is a tragic reminder of the dire consequences for those working on the front lines as essential workers.

Finally, the courts and justice partners are also at risk. Besides Public Defenders, the group with the most exposure to incarcerated clients, their families, and members of the community are deputy sheriffs. The deputies transport incarcerated clients, maintain security, and ensure smooth daily operations at the courthouse. Additionally, judges, court staff, and prosecutors are exposed to COVID-19 as well. Everyone involved in the criminal justice system should receive priority vaccinations to ensure constitutionally mandated rights are preserved.

Keeping the courthouse doors open and ensuring incarcerated clients' constitutional rights are protected should be a priority. Protecting essential workers in the courthouse who are working to ensure those constitutional rights are preserved ensure that the community and public at large are protected as well. Prioritizing vaccination for all criminal legal system actors is the most effective way for the criminal justice system to return to normal and safe operation, to safeguard fundamental rights, and to prevent community spread from the personal interactions necessary for that system to function as the Constitution requires.

Miriam Lyell, Public Defender, San Joaquin County

Once health care workers have been vaccinated with the limited number of COVID-19 vaccines that will become available in this state, and on behalf of the attorneys with the San Joaquin County Public Defender's Office, I am asking that you include in this group those who may be the most vulnerable population: our incarcerated clients, many of whom are people of color who have underlying health conditions, suffer from mental illness, and are at the greatest risk for contracting COVID-19 and becoming severely ill or even dying from the disease. Our incarcerated clients are living in conditions that prevent them from being able to socially distance, and are frequently not provided the necessary sanitary products, making protective hygiene impossible. There have already been numerous outbreaks in local jails across the state, including in San Joaquin County.

Throughout the pandemic, the courts have been deemed essential and have not ceased operating. No one in the court system has more exposure and more close contact with our clients, their families and community members than public defenders. Public Defenders have been deemed and considered "essential workers" throughout the pandemic. The services provided by public defenders and appointed attorneys are mandated by the state and federal constitutions, as well as by California statute. Throughout the pandemic, public defender work has not stopped, and in many cases, it has actually increased. Public defenders must visit their incarcerated clients in the jails and must communicate with clients' families who are members of marginalized communities that have been disproportionately affected by the virus. Public Defenders stand side by side with their clients in courts. Public Defenders communicate with court staff, including bailiffs who are in close proximity to our incarcerated clients. More than anyone else in the court system, Public Defenders place their lives at risk by simply doing their jobs. Numerous public defender staff in my office have been exposed to, tested positive for, and developed symptoms from the virus.

Kathleen Pozzi, Public Defender, Sonoma County

I am writing on behalf of the staff of the law Office of the Public Defender of Sonoma County **and** on behalf of the vulnerable members of the community that we serve.

As you might expect our clients are the most vulnerable within our county. They are often homeless, elderly, harbor preexisting health issues, mentally ill, and substance abusers. We have experienced our clients become ill and some die due to COVID. For example, I personally represent Probate Conservatee clients. Most of my clients are in locked perimeter facilities and Board and Care homes. I have had nine of my clients die (out of approximately 70) due to COVID. We also have had LPS Conservatee clients die due to COVID and others have been very ill after contracting this horrific virus.

Throughout the pandemic our office has never closed. We, unlike other county offices and court (state) offices, have remained open and are serving our clients and the general public every day. We are a whole person centered organization and as such have been deemed necessary and essential. We are in full operation, albeit practice severe safety measures with social distancing, masking, and cleaning/disinfecting our offices a minimum of three times per day.

No one within the court system has more exposure and more close contact with our clients, their families and community members than our front office staff and deputy public defenders on a daily basis. The attorneys in the office are each exposed to as many as 50 people per day in and out of the courtrooms.

They are hard-working, diligent, tenacious, and brave warriors that are mandated by the U.S. and Ca. constitution. They are not only mandated by the constitution, but live up to the mission of our office protecting the rights of citizens during this pandemic and always. They are all warriors but do not wear a shield that can protect them from this horrible virus. They have all been classified as "essential workers" throughout the pandemic and our county has acknowledged this and prioritized them for testing.

The work of our office never stops and since the middle of March of this year has in many ways increased due to COVID. Our attorneys are in the jail visiting clients, interviewing witnesses, interviewing our-of-custody clients, and consistently answering questions for the walk-ins, family members and friends. Unfortunately many of our clients and their families are members of our most marginalized community that have been impacted the most by the COVID virus. In any given day Deputy Public Defenders can be seen in any one of 15 criminal courts standing side by side and within inches of their clients. No other court staff are within 20 feet of our clients or they are appearing via ZOOM and not physically present. Our lawyers are in the courtrooms every day.

More than anyone else in the court system, Public Defenders place their lives at risk by simply showing up and doing their constitutionally mandated job.

Almost every staff member of our office has learned that they have been exposed to COVID. Fortunately, we have only had a few that have actually tested positive. They must go into quarantine and every one that they have come into contact with must go into quarantine, as well. . It is not known the source, but has been assumed that it came from one of our clients. Every week, one or more of the attorneys learn that an inmate that they were within inches of has tested positive for COVID.

You cannot imagine what that does to a high volume already taxed office that is underfunded and overworked. Not only does that staff member need to isolate, wait 4-5 days, get tested, wait for results and remain at home, but everyone that they came into direct contact with for a

specified time period (more than 15 minutes of direct face to face contact). There has not been a time since the middle of March this year that we have not had a number of staff members out of the office and in isolation or quarantine. Furthermore, the fear and anxiety of exposures is unrivaled.

On behalf of the Law Office of the Public Defender of Sonoma County **and** all of those that we serve, we are asking for priority implementation of the COVID vaccine. Members of our office and those that we serve are uniquely exposed and at risk of contracting the COVID virus despite ever precaution taken to avoid it. Vaccinating our staff and those that we serve will not only protect us and them, but our and their respective families and will protect the entire community.

Mike Brown, National Chicken Council

During the ongoing COVID-19 pandemic, the chicken industry has worked tirelessly to ensure minimal disruptions in the nation's food supply chain and to make sure all Americans have access to safe, affordable, and nutritious food. To promote the continued safety of our employees, the industry quickly implemented practices to mitigate the risk of transmission between individuals in the workplace, provided employees with personal protective equipment (PPE) and health screenings, enhanced sanitation procedures, and implemented many other measures to help keep our employees safe while they were working to ensure that meat cases were stocked with chicken. Most of these changes were implemented prior to the issuance of the Interim Guidance for Meat and Poultry Processing Workers and Employers developed by the U.S. Centers for Disease Control and Prevention (CDC) and the Occupational Safety and Health Administration (OSHA). The framework in the Interim Guidance has been implemented across the chicken industry to promote a safe and healthy work environment for our critical infrastructure workers during the pandemic and the industry continues to adopt new safety measures as they become available. The chicken industry has advocated for priority access to PPE, sanitation supplies, testing kits, and vaccines to protect our workers.

Employees of the chicken industry have been designated as "essential" by the Administration during the COVID-19 state of emergency. According to the Administration's Coronavirus Guidelines for America, "If you work in a critical infrastructure industry, as defined by the Department of Homeland Security, such as healthcare services and pharmaceutical and food supply, you have a special responsibility to maintain your normal work schedule." We have seen our employees step up to the challenge ensuring minimal disruption in the nation's food supply.

A vaccine is the next tool in the toolbox for us to add to the many safety measures in place. As such, we ask that our essential workers be given the next highest priority for receiving the vaccine behind our nation's healthcare workers, first responders, and high-risk individuals.

Prioritizing vaccinations for our workers will not only be important to help keep workers safe and healthy but will aid in keeping our food supply chain operating with minimal disruptions. While we wait for approval from the Food and Drug Administration (FDA), we want to reemphasize the importance of priority access to a vaccine for those who work in food and agriculture – particularly those who have been working tirelessly in the chicken industry.

Our industry remains committed to not only protecting our employees but also ensuring that the food supply continues to function with minimal disruption. Vaccine access will be an important step in maintaining continuity of operations into 2021. We commend everyone who has demonstrated extreme dedication during the COVID-19 pandemic and want to thank those who have diligently worked to ensure that our nation continues to have a safe, affordable, and abundant food supply. We ask for your continued support as we work collectively to overcome the pandemic.

I am writing to request that you include Public Defenders and their incarcerated clients in the group of people who should receive the COVID-19 vaccine at a higher priority. I also join in support of the December 2, 2020 letter to you from the California Public Defender's Association.

Our attorneys have continued to work throughout the pandemic; appearing in court with their incarcerated clients and visiting them in the jails. While other participants have been able to appear remotely, if our clients were personally present, our attorneys were present with them. In Solano County, we have not had video appearances for in custody clients. There is a limit to the social distancing that has been available in our courtrooms and for any hearings of substance, our attorneys have been sitting at a table less than 6' distant from their clients. And many hearings last longer than fifteen minutes.

An outbreak in the jail or in the Public Defender's Office could have dramatic consequences for the local courts. We are essential workers: as long as the police continue to make arrests and the prosecutors file charges, we are required to work in the courthouse and jails. Our attorneys have been risking their lives and those of their family by doing their jobs.

Castulo de la Rocha, JD, AltaMed

On behalf of AltaMed Health Services, I write this letter to recommend the appointment of Dr. Sherrill Brown to the State of California's Vaccine Drafting Guidelines Workgroup and for the Community Advisory Vaccine Committee. As an experienced Infectious Disease Specialist, skilled Federally Qualified Health Care medical provider, and recognized pandemic response leader for one of California's largest health systems, Dr. Brown would be an exceptional addition and fulfil a direly needed voice on behalf of Latino and underserved individuals that rely on our state's medical safety net for their health and well-being.

AltaMed Health Services is the largest independent Federally Qualified Health Center (FQHC) in California and provides care to over 300,000 patients through 1 million encounters annually at more than 50 service sites in Los Angeles and Orange Counties. Dr. Sherrill Brown, joined AltaMed in 2018 as Site Medical Director of AltaMed Medical Group – Pico Rivera, Passons. She has served as the Medical Director of Infection Prevention since 2020, spearheading our organization's response to COVID-19.

From the onset of the pandemic, Dr. Brown has worked tirelessly to develop and lead AltaMed's pandemic response plan to ensure our patients and surrounding community members had access to the vital testing services that were direly needed early on. Her strategic plan also ensured that even while we were focused the pandemic response, patients continued to receive the primary care services and follow up they required. Her guidance was crucial in establishing public drive-through evaluation and testing sites for some of the most underserved and hardest to reach communities throughout Los Angeles and Orange Counties, and for the immediate and successful implementation of all COVID guidelines and measures company-wide to test, treat, and prevent the spread of the virus while keeping our patients and employees safe. She also served as one of our key liaisons with the local county health departments, working to inform their testing strategy by sharing our best practice for outdoor COVID evaluation and testing.

Prior to joining AltaMed, she served as an Infectious Disease Specialist at UC Davis (UCD) Medical Center focusing on Infection Prevention and Antibiotic Stewardship. She also worked through a partnership with UCD at One Community Health; an FQHC in Sacramento that specializes in serving patients with HIV and substance abuse disorders. Prior to UCD and after her fellowship, she worked with the Kaiser Permanente Woodland Hills Medical Center, and specialized in the areas of Infectious Disease, Infection Prevention, and Antibiotic Stewardship.

Since 2012, Dr. Brown has been a member of the Society for Healthcare Epidemiology of America (SHEA), as well as the Infectious Disease Society of America (IDSA). From 2013 to 2016, she was a member of the Los Angeles County Medical Association (LACMA) Women Physician Action Committee. Additionally, she has served on a number of committees and co-lead workgroups affiliated with UC Davis Medical Center since 2017.

I thank you for your consideration of Dr. Sherrill Brown to the state Drafting Guidelines Workgroup and Community Advisory Vaccine Committee. Since she joined AltaMed, Dr. Brown has quickly become a central leader within our organization, helping us navigate through challenging times, while bringing her infectious disease expertise to our clinic and corporate operations when we needed it most. As an FQHC physician, she understands the needs of those that have been hit hardest by this pandemic and the key role that trusted partners such as community clinics can play in our statewide vaccine distribution plans. I know wholeheartedly that she will bring the same dedication and leadership to our State's COVID-19 vaccine efforts. Please contact Berenice Nuñez Constant, Vice President of Government Affairs and Civic Engagement at bconstant@altamed.org or 323-430-0978 if you have any questions.

Sarah Webster-Mellon, Cystic Fibrosis Foundation

On behalf of the 2,500 people living with cystic fibrosis in California, we write today to comment on the state's plans to allocate and distribute COVID-19 vaccines. We recognize the monumentally difficult task public health officials face when creating allocation plans that are both equitable and actionable during this crisis, and we appreciate that California has taken steps toward creating plans for allocating limited supplies of COVID-19 vaccines to state residents.

Our attached comments call on the Community Vaccine Advisory Committee to ensure individuals with serious underlying health conditions are prioritized for access to COVID-19 vaccines, including those living with cystic fibrosis, and encourage the use of specialty providers to help ensure that vaccines get to the right people at the right time.

State COVID-19 vaccine allocation plans that are transparent and ensure equitable access to vaccines are an important tool for supporting vulnerable patient populations and care providers in this difficult time. We look forward to working with you as the state continues to revise and develop further allocation recommendations for COVID-19 vaccines.

David Chandler, California Association of Licensed Security Agencies, Guards and Associates (CALSAGA)

We at CALSAGA thank you for your extraordinary leadership during the COVID-19 pandemic. You have not hesitated to take necessary actions and issue appropriate orders to protect our state.

CALSAGA represents over 300,000 security officer professionals in the State of California, all of which are critical workers with the majority working in high risk settings with substantial interaction with the public. Security guards are an essential part of society including substantially reducing the impact on law enforcement personnel. They are workers who are at a substantially higher risk of exposure to Covid-19 and are unable to telecommute or work from home. Their roles include providing security at hospitals, distribution centers, retail establishments, in the transportation sector, at financial institutions, within educational environments and are equivalent to those of other front-line workers who need to remain free of the Coronavirus and available to provide essential services to our society.

We are asking you to strongly consider placing the security industry employee in the same tier for Covid- 19 Vaccine Distribution as law enforcement and first responder personnel. It is essential that security remain intact and employees are ready to work.

Again, Governor, thank you for your leadership during these unprecedented times. We stand willing to work with you to protect California.

Molly O'Neal, Public Defender, County of Santa Clara

I am writing on behalf of the Santa Clara County Office of the Public Defender. The Santa Clara County Office of the Public Defender is comprised of approximately 240 employees, including 121 attorneys, 30 investigators, 31 paralegals and 58 clerical and support staff who are committed to providing quality legal representation to our clients. We are organized into two separate legal entities (the Public Defender and Alternate Defender Offices) in five separate geographical locations. Our offices provide legal representation to indigent clients who are charged with the commission of a criminal offense alleged to have been committed in Santa Clara County. We represent minors against whom delinquency petitions have been filed in the Juvenile Courts of Santa Clara County, and clients who are the subject of conservatorship proceedings in the Mental Health departments of the Superior Court.

We understand that you will soon be deciding how to prioritize access to the limited number of COVID-19 vaccines that will become available in this state. We recognize that health care workers must be given access to vaccines as soon as the vaccines have been determined to be safe and use is approved.

Once health care workers have been vaccinated, vulnerable populations living in close quarters should be given priority. We write to request that you include in this group those who may be the most vulnerable population: our incarcerated clients, many of whom are people of color who have underlying health conditions, suffer from mental illness, and are at the greatest risk for contracting COVID-19 and becoming severely ill or even dying from the disease. Our incarcerated clients are living in conditions that prevent them from being able to socially distance, and are frequently not provided the necessary sanitary products, making protective hygiene impossible.

There have already been numerous outbreaks in local jails across the state. During a period in May of this year, 60% of inmates in one of the Los Angeles County Jail facilities tested positive for COVID-19.¹ There are currently massive outbreaks in San Diego and Stanislaus County Jails.² Santa Cruz County Jail is experiencing an outbreak among correctional officers which will no doubt lead to an outbreak among inmates.³ It was recently reported that the family of a person who was incarcerated in the San Diego County Jail, is suing because their son contracted COVID-19, and as a result of not receiving proper medical attention, died from the virus. If the state chooses to keep these people in custody, then the state should prioritize vaccinating them, if they desire to be vaccinated.

Throughout the pandemic the courts have been deemed essential and have not ceased operating. No one in the court system has more exposure and more close contact with our clients, their families and community members than public defenders. Public Defenders have been deemed and considered "essential workers" throughout the pandemic. The services provided by public defenders and appointed attorneys are mandated by the state and federal

constitutions, as well as by California statute. Throughout the pandemic, public defender work has not stopped, and in many cases it has actually increased. Each arrest effectuated by a police officer requires a public defender to take some action, sometimes within hours of the arrest. In every sense of the word, public defenders are first responders trained to aid clients who themselves are uniquely vulnerable to infection from the COVID-19 virus. Public defenders must visit their incarcerated clients in the jails and must communicate with clients' families who are members of marginalized communities that have been disproportionately affected by the virus. Public Defenders stand side by side with their clients in courts across the state. Public Defenders communicate with court staff, including bailiffs who are in close proximity to our incarcerated clients. More than anyone else in the court system, Public Defenders place their lives at risk by simply doing their jobs. Numerous public defender staff have been exposed to, tested positive for, and developed symptoms from the virus. We lost a member of our community to COVID- 19, a Los Angeles County Public Defender who died of the virus in June of this year.⁴

We also believe that special consideration should be given to court personnel. Although they typically do not come into close contact with incarcerated individuals, they routinely have contact with members of the community and our clients. Therefore, we believe that they should also be assured access to vaccines. In the interim, vaccinating public defenders, appointed lawyers and their incarcerated clients will go a long way towards reducing exposure to court personnel and other members of the community who are uniquely at risk of contracting the virus.

Our offices have seen both clients and colleagues die as a result of exposure to this virus. Prioritizing incarcerated individuals, public defenders, and appointed attorneys for early access to the COVID-19 vaccine will protect not only them but the entire community, and ensure that legal services are delivered as seamlessly as possible to the indigent accused and the public as a whole. Thank you for your consideration of our concerns.

¹ <https://www.latimes.com/california/stoiry/2020-05-27/coronavirus-infection-rates-los-angeles•county-iails>

² <https://www.sandiegouniontribune.com/news/watchdog/story/2020-12-01/active-covid-19-cases•running-rampant-in-county-jails-among-staff-and-inmates>

1. <https://www.ksbw.com/article/santa-cruz-county-jail-reports-covid-19-outbreak-among-correction•officers/34826849>

2. <https://www.kcrw.com/news/shows/press-play-with-madeleine-brand/la-attorney-resists-the-call-to-reopen-courts•amid-covid-19/courts-reopen-la-covid-19>

Lisa Murdock, American Diabetes Association

On behalf of the 34 million Americans living with diabetes, thank you for your ongoing work to address the coronavirus pandemic. States will soon be receiving limited supplies of vaccines to prevent COVID-19. The American Diabetes Association (ADA) understands difficult decisions must be made when prioritizing roll-out of these life-saving inoculations. Populations at most risk for the adverse effects of COVID-19 must be prioritized, and this includes the nearly 4 million Californians with diabetes.

People with chronic health conditions, including diabetes, are hospitalized six times more often for COVID-19 than those without. A study published in the journal *Diabetologia* found that among patients with diabetes and Covid-19, 1 in 10 died within a week of hospital admission. And collectively, people with diabetes represent 40% of the COVID-19 fatalities in the U.S.

Prioritization of people with diabetes must also ensure that communities that have been disproportionately impacted by the virus receive access to the vaccines. People from communities of color have been dying at three times the rate of those from the rest of the population. These communities suffer from higher rates of diabetes and are more likely to live in poverty. Low wage jobs are less likely to provide health insurance coverage and are more likely to provide greater risk for contracting the virus because they offer less ability to work remotely.

The ADA urges you to ensure people with diabetes and communities disproportionately impacted by the virus, be among the first to be inoculated against COVID-19.

Kathleen Van Osten, MVM Strategy Group

In October I had reached out regarding the State's plan for vaccine distribution, which had been submitted to the CDC. I'm wondering if there has been further development of this plan, and specifically, would like to see if essential workers in the transportation fields will be included (my client is United Airlines, for point of reference)? The original plan submitted to CDC did not make mention of the sector, and we are hopeful to be included in an early phase of vaccine distribution as your plan is updated.

Do you know if the distribution plan has been expanded upon in the past six to eight weeks? Will airline/airport employees be considered in an early phase of distribution?

Dale Wentz, Teamsters Local 150

Teamsters Local 150 is a labor union and member of the International Brotherhood of Teamsters. Our local chapter represents workers in the Greater Sacramento Region. As Secretary-Treasurer of Local 150, I am writing on behalf of a bargaining unit we represent that

is comprised of the Solano County public defenders. Public defenders represent indigent individuals charged with crimes across the state, many who are held in local jails or juvenile and immigration detention facilities while their cases are pending trial.

I understand that you will soon be deciding how to prioritize access to the limited number of COVID-19 vaccines that will initially become available in the state. I recognize that health care workers must be given access to vaccines as soon as they are determined safe and their use is approved. However, once health care workers have been vaccinated, essential workers who provide services to vulnerable populations forced to live in close quarters should be given priority as well. As you know, there have already been several outbreaks in prisons and local jails across the state.

Throughout the pandemic the courts have been deemed essential and have not ceased operating. No one in the court system has more frequent close contact with individuals held in custody, their families and community members than our public defenders. Public defenders are constitutionally required to represent their clients and to effectively provide that representation must go into jails and meet in small, poorly ventilated holding cells. Public defender work has not stopped during the pandemic, and in many instances it has increased. Each arrest by a police officer typically requires a public defender to take some action, sometimes within hours of the arrest.

Public defenders serve as first responders trained to aid clients who are uniquely vulnerable to infection from the COVID-19 virus. Their clients come from a variety of high-risk populations, many who are homeless or mentally ill and have little or no access to sanitation. Even the contact public defenders have with their clients not in custody creates a high risk for exposure. Although the courts have tried to implement social distancing requirements, public defenders are standing right next to their clients in court, often side by side at counsel table during lengthy hearings.

Public defenders have seen both clients and colleagues die as a result of exposure to the virus. Prioritizing public defenders for early access to the COVID-19 vaccine will not only protect them but the entire community and will ensure that legal services are effectively delivered to the indigent accused and the public at large.

Jennifer Snyder, Capitol Advocacy

As you are likely aware, there are very recent reports of individuals being given the Pfizer vaccine in the UK that are having anaphylactic reactions: <https://www.bbc.com/news/health-55244122>

https://www.medscape.com/viewarticle/942285?src=mkm_covid_update_201209_MSCPEDIT&uac=388795ER&impID=2726831&faf=1

My firm's client, *kaleo*, is presently working with patient advocacy organizations to message to Operation Warp Speed, the media, et al to reiterate that medical guidance states that one should always have an epinephrine auto injector (EAI) on hand when conducting vaccinations (especially when en masse).

Kaleo website: <https://kaleo.com/>

As the administration prepares for vaccinations in California, *kaleo* would like to be supportive and serve as a resource as appropriate. In that vein, we are sharing the following:

- An epinephrine auto injector (EAI) should be on hand to mitigate potential anaphylaxis when conducting vaccinations (caution/awareness)
- *kaleo* has a supply of EAIs that can be provided in a timely manner to ensure the momentum of vaccinating California's healthcare workers is maintained/stays on path, especially, for nurse facilities that likely do not have enough EAIs in stock
- Very limited training is needed to utilize *kaleo's* EAI (voice prompts) which have a proven track record of the injector working 99.9999% of the time

Veronica Pardo, Resource Recovery Coalition of California; Kathryn Lynch, California Waste Haulers Council; Christine Wolfe, Recology; Jonathan Arambel, Athens Services; David E. Fahrion, California Waste & Recycling Association

Thank you for the crucial guidance you are providing California as we look to safely and equitably distribute and administer a COVID-19 vaccine when it is available.

The signatories of this letter are essential service providers that protect the health and safety of our communities by collecting and processing municipal solid waste. During this national emergency, we have been classified by the Department of Homeland Security's Cybersecurity and Infrastructure Security Agency (CISA) as "essential" and are listed under five different "Essential Critical Infrastructure Workers" headings in the CISA 4.0 guidelines - "Healthcare / Public Health," "Critical Manufacturing," "Public Works and Infrastructure Support Services," "Hazardous Materials" and "Transportation and Logistics."

Additionally, our frontline workers are considered "Essential Critical Infrastructure Workers" under Governor Newsom's Executive Order N-33-20 and the subsequent COVID related orders, including the recent Regional Stay-at-Home Order.

It is the recommendation of the Federal Advisory Committee on Immunization Practices (ACIP) that essential workers be prioritized to receive a COVID-19 vaccine after priority administration to healthcare workers. As such, we kindly request that the waste and recycling industry be included in Phase 1B of California's COVID-19 vaccine distribution plan. This will help ensure our workers are kept safe as they continue to provide critical public health services throughout the state.

While providing essential services to sustain our communities, our workers are at a higher risk of exposure to COVID-19. Furthermore, large portions of our workforce, because of race or ethnicity, are at a higher risk of mortality and inequitably impacted by the COVID-19 virus. Including our workforce in Phase 1B will help protect our workers, the communities they live in, and California as a whole.

We thank you for your service and ensuring a transparent process for the eventual distribution of the COVID-19 vaccine.

Jonathan Flint, Camphill Communities California; Joe Shimpfky, Santa Cruz Supported Living; Wendy A. Weil, LCSW, Arm in Arm SLS, LLC; Tracey Marquart, Community Life Services; Doug Pascover, Imagine SLS. Additional Signatories from community members on [Change.org/covid19-vaccine](https://change.org/covid19-vaccine)

People with intellectual and developmental disabilities (IDD), who need in-person support for activities of daily living to be healthy and safe, are a hidden firebreak protecting the wider community from the spread of COVID-19. During all of the 270 days of this pandemic, their everyday efforts SAVE Lives in Santa Cruz County.

The undersigned urge the Santa Cruz County Health Services Agency for the highest practicable allocation of vaccine doses over the next 30 days for people with IDD, their family caregivers, skill instructors, and direct support professionals.

Our caregivers, instructors, and direct support professionals are vulnerable, weary, exhausted, and in urgent need of relief. We are human beings who are at risk of losing the fight to COVID-19 in the “surge upon surge.” If we are overwhelmed, the consequences for Santa Cruz County and the people we support are dire.

On November 10th, The New York Times published an article “Developmental Disabilities Heighten Risk of Covid Death” based on data from FAIR Health that found “the identification of developmental disorders and intellectual disabilities are really surfacing to the top in terms of linkages between these categories of comorbidities and the risk of death.”

On November 19th, The Washington Post published an article “Desperately trying to wipe the virus away” about direct care workers trying to SAVE Lives from the pull of COVID-19’s riptide with what they had, a canister of Clorox disinfectant wipes.

In the darkest hour that our community has faced during the pandemic, those we serve with intellectual disabilities (and often emotionally-intuitive superpowers) can serve as our moral compass for prioritization in the phased delivery of an FDA-approved vaccine.

When our community faced the CZU wildfires in August, it was uncertain that a small number of targeted lightning strikes on August 16th would explode into a devastating wildfire by August 23rd, impacting the whole county.

If we could have prevented some of the tragedy that unfolded from those seeming isolated events, knowing what we know now, would we have not acted to do so?

The undersigned service providers state in this letter to Dr. Newel and the Santa Cruz County Health Services Agency that a crisis looms beyond our control without prioritized allocation of a safe and effective vaccine. As a community, we cannot afford the consequences that even one week of delay will make.

Sheila Clark, California Hospice and Palliative Care Association

Thank you for all of your leadership during the COVID-19 public health emergency. I write to you today in support of the CDC's Advisory Committee on Immunization Practices (ACIP) December 1 decision to prioritize health care workers for Phase IA vaccine access, which includes providers of health care services in the home. These home care and hospice providers are on the frontlines of the pandemic caring for over 12 million of the nation's most at-risk individuals annually through over 3.5 million dedicated caregivers.

These caregivers include nurses, therapists, home health aides, hospice aides, personal care aides, home care workers, direct support professionals, among others. Collectively, our provider sector nationally is serving tens of thousands of patients with active COVID-19 infections with over 60% of home care and hospice providers reporting COVID-19 infected patients in service.

Home-based providers are working aggressively to prevent any spread of the virus from the community to their direct care professionals and the individuals they serve. Prioritizing vaccinations for our frontline health care staff and the high needs individuals we serve will be critical in achieving that goal.

Home care and hospice staff of all disciplines are properly included in the ACIP definition of health care workers although we want to note that some specific titles of these workers, as referenced above, may not be captured. Specifically, the ACIP's standards for "essential critical infrastructure workers" that defines health care providers¹ include:

- Healthcare providers including, but not limited to, ...; nurses,...; assistants and aid[e]s;...; physical, respiratory, speech and occupational therapists and assistants; social workers...
- Home care workers (e.g. home health care, at-home hospice, home dialysis, home infusion, etc.).

- Home health workers (e.g., nursing, respiratory therapists, health aides) who...go into the homes of individuals with chronic, complex conditions and/or disabilities to deliver nursing and/or daily living care.
- Personal assistance services providers to support activities of daily living for older adults, people with disabilities, and others with chronic health conditions who live independently in the community with supports and services.

The U.S. Bureau of Labor Statistics reports that as of March 2020 there were 3,525,381 health care workers providing services in individuals' homes². These health care workers are included under North American Industry Classification System (NAICS) classifications 621610 Home Health Care Services and 624120 Services for the Elderly and Persons with Disabilities. These are the worker classifications that apply to the wide range of health care workers providing services covered by Medicare, Medicaid, TRICARE, VA, and the Older Americans Act along with long term care insurance, employer-based health plans, commercial health insurance, and consumer paid care.

The ACIP standards are reasonably consistent with a number of other state and federal standards defining essential health care workers. Universally, it has been recognized that health care in the home should be included in the Public Health Emergency priority actions. While it is obvious that nurses and therapists are health care workers and should be priority recipients of the vaccine, we wish to emphasize that those health care workers generally classified as home health aides, home care aides, hospice aides, personal care attendants, and direct support professionals are equally essential health care workers. This workforce is at higher risk of contracting and/or transmitting the virus because of the nature of the services they provide that are focused on assisting with Activities of Daily Living that put them in close contact with their patients for extended periods of time. It is therefore crucial that specific inclusion of this segment of the health care workforce be included as a first-line priority class of health care workers eligible for the vaccine.

We want to emphasize that the individuals we serve often have complex service needs and are at high risk for COVID-19. While we recognize the need for vaccinations for those that live in long-term care facilities, it is important to remember that our workforce, on a daily basis, frequently goes to multiple homes. They also provide care in other health care settings including nursing homes, assisted living facilities, and inpatient hospice facilities. The greater protection that both the workforce and individuals receive, the less likely there will be a community spread of the virus.

Further, due to the high-risk factors of the individuals we serve in their home, many have been unable to see family members or leave their homes for any community activities for almost a year. Providing them access to a layer of protection through vaccination could make an immense difference in their immediate quality of life. Accordingly, the home care population should be afforded high priority status for access to the vaccine.

We recognize that the ultimate decision on prioritization of vaccine administration rests with the state and localities. We stand ready to assist you in any respect to provide the home care and hospice workforce with access to the vaccine.

¹ ACIP source: "Advisory Memorandum on Ensuring Essential Critical Infrastructure Workers Ability to Work During the Covid-19 Response" Cybersecurity and Infrastructure Security Agency (CISA), U.S. Department of Homeland Security, August 18, 2020.

Rick Tomlinson, California Strawberry Commission

Thank you for making your meetings open to the public and welcoming comments. The presentation materials from your recent advisory committee meetings provided good background and were reassuring.

I encourage continued consideration of prioritizing populations with highest risk and highest known exposure pathways. More specifically, I can offer comments in support of prioritizing two population groups.

First, I offer a comment about the benefit of prioritizing vaccine availability to people with developmental disabilities. This community is similar to senior care facilities, in that they frequently require assistance with daily living. Thus, if this population is able to receive a vaccination early, it would also benefit all of those who support the developmentally disabled population. For example, if my 18 year old conserved daughter (who needs daily assistance) contracts COVID, my wife or I will need to accompany her to the hospital with a near guaranteed chance of also contracting COVID. Vaccinating my daughter will also reduce the risk for all those that support her.

My other experience is with agriculture. A recent UC Berkeley survey of Monterey County farmworkers found that one of the most significant risk factors associated with contracting COVID was the inability to isolate and/or quarantine. This is consistent with other information suggesting that low income populations living in high density or overcrowded housing are at higher risk of contracting COVID. Prioritizing the availability of COVID vaccines to farmworkers, would reduce risk to those who receive a vaccination and also reduce risk to others that live in the same households.

While there are many other reasons that each of these populations deserve to have early access to a COVID vaccine, prioritizing them would also reduce risk to others and likely have a multiplier effect on reducing the basic reproductive rate of COVID.

Olivia Lee, AltaMed

Thank you for the opportunity to provide public comment during this important process to ensure the vaccine distribution is accessible, equitable, and affordable to all communities.

The COVID-19 pandemic has devastated California's communities, particularly our Latino and elderly populations. This year, we have seen the health and well-being of Latino families destroyed for generations because of this pandemic. In California, this is a Latino pandemic. California has recorded more than 20,000 COVID-19 deaths. Latino residents account for nearly half of them, even though they represent only 38% of the state's population. They also represent 58% of total coronavirus cases. In Los Angeles County, this current surge is alarmingly demonstrating that Latino residents are becoming infected with the virus at more than double the rate of white residents. Resulting in the death of more people to COVID in the Latino community, than any other ethnic group.

Additionally, our elderly community has been disproportionately impacted by COVID-19. We now understand that those who are over the age of 65 and have underlying conditions are not only more susceptible to getting the virus but to also die from it. AltaMed's Programs of All-Inclusive Care for the Elderly serves individuals who are age 55 or older, certified by their state to need nursing home care. Our PACE participants are frail and at very high risk of getting this virus.

Latinos and the frail elderly, need to be prioritized as soon as the vaccine is available and trusted community clinics, federally qualified health centers (FQHCs) and PACE Centers, like AltaMed are the vehicles you need to reach them. These facilities are a vital resource and safety net for Californians. AltaMed is the largest FQHC in California, serving nearly 300,000 patients in LA and Orange County, of these more than 80% are Latinos. We also have the largest PACE program. We are prepared and committed to do everything in our power to administer these vaccines to our employees, patients and communities at large, just as we have successfully done with COVID testing. We have proven to be vital in decompressing hospitals and emergency systems to reach those that are the hardest to reach in a culturally competent way. We stand ready to help you.

With half of the state's Latino population saying they may take the COVID vaccine once available, it also brings up the bigger issue of the historically founded skepticism in our medical system in the Latino community. CHCs, FQHCs, and PACE organizations are also a source of information and trust for many Californians, particularly in the Latino community. Thus, one of the most impactful ways to help build confidence around the vaccine is to entrust these facilities to help distribute into these communities and alleviate concerns. Herd immunity is only once 70%-90% of the population receives the vaccine, so building trust and confidence with our hard-hit communities is crucial to end this pandemic.

As we look forward to getting the vaccines to the patients and healthcare staff, we must also ensure it is affordable to all. Medi-Cal and uninsured patients should have an affordable or free option to get this vaccine. Getting this vaccine should not create even more hardship for those already struggling in this pandemic. Equally, those providing it should also be supported.

We stand ready to partner with you and our state and local officials, so that those that are bearing a greater burden than others are prioritized in current and future pandemic response efforts.

Sam Lewis, Anti-Recidivism Coalition (ARC); Root & Rebound; Transitions Clinic Network Californians for Safety and Justice; UCLA Law Covid-19 Behind Bars Data Project; Represent Justice; Smart Justice California #cut50; and REFORM Alliance

We ask the Governor and the California Department of Public Health to include all incarcerated people in Phase 1 of California's approved vaccine rollout plan. We ask that in-prison skilled nursing facilities/assisted living facilities are included in Phase 1a, and we request that older people (55+) and people with comorbidities in prisons/jails/detention centers also be included in Phase 1a. All other incarcerated/detained people must be included in Phase 1b for the reasons we will lay out below.

From CDPH's December 3 meeting and presentation, it is our understanding that *after* Phase 1, "In conjunction with national recommendations from ACIP and NASEM, careful consideration for the next phase(s) will be given to workers and residents in settings such as... correctional facilities, homeless shelters." Our understanding is that Phase 1a will include health care personnel at correctional facility hospitals and psychiatric hospitals, as well as residents of skilled nursing facilities (SNFs) and assisted living facilities. We ask that this include in-prison skilled nursing facilities (SNFs) and similar settings inside prisons and carceral facilities.

According to the plan, Phase 1b includes "Older adults living in congregate or overcrowded settings," including prisons. The remaining people in prisons/jails/detention centers are listed in Phase 2, along with another 30% or so of the California population.

Incarcerated people are at high risk for COVID-19 transmission, living in close quarters to one another, and are unable to physically distance. To date, 93 people have died in California Department of Corrections and Rehabilitation (CDCR) custody from contracting COVID-19. Throughout the pandemic, doctors, health officials, and advocates have warned that social distancing is impossible in prisons, jails, and detention centers.

In California, COVID-19 is spreading across prisons and infecting incarcerated people. As of this writing, there are over 5,502 active COVID-19 cases in CDCR custody. Prisons remain hotspots for COVID-19 spread. In total, 25,147 people have been infected in CDCR, leading to the aforementioned 93 deaths^[1]. Distributing a safe vaccine across California prisons will save countless lives and protect those at high risk of hospitalization.

According to public comment from community experts at the November 19 joint hearing of the Senate Special Committee on Pandemic Emergency Response and Senate Committee on Public Safety, carceral facilities and especially jails contribute to community transmission of

SARS-CoV-2. High rates of jail incarceration combined with frequent churn of individuals and staff, many of whom commute long distances from surrounding communities, put incarcerated individuals as well as surrounding communities at risk and directly undermine public health efforts in the midst of a pandemic. California prisons remain the top locations for the highest numbers of COVID-19 cases out of all prisons, jails, and detention centers in the country.

Further, the risk of severe symptoms as a result of contracting COVID-19 are heightened for people who are incarcerated. This is due to the fact that those who are most vulnerable to COVID-19 are overrepresented in the prison population, because of racism in policing and the legal system, and a result of poor living conditions and medical neglect inside carceral facilities.

Major outbreaks occurred earlier in 2020 in San Quentin State Prison and at California Institution for Men, which led to dozens of deaths. Currently, the Substance Abuse Treatment Facility at Corcoran and Pleasant Valley State Prison each have over 700 active cases and counting. With COVID-19 currently rising to an all-time high in California, the number of cases inside CDCR is likely to increase, leading to loss of life, in addition to serious long-lasting health problems for those who do not die. Furthermore, spikes inside prisons are adding to California's health care system becoming overwhelmed. Many prisons are in rural areas where hospital beds are sparse. Additionally, the prison staff and health care workers entering and exiting each facility are putting their lives at risk, while adding to spread in the community. A vaccine would help protect the lives of incarcerated people, CDCR staff, and the surrounding communities from infection or loss of life.

The American Medical Association (AMA) recommends that a vaccine be prioritized for distribution to prisons, including incarcerated people and staff ^[2]. American Medical Association cites the high risk of infection in prison settings for a vaccine to be distributed to facilities.

Additionally, Johns Hopkins School of Public Health lists prison staff and incarcerated people in a high-risk category and recommends them as a priority group to receive a safe vaccine^[3].

Further, in order to achieve California's Department of Public Health's stated goal to "reduce severe morbidity and mortality and negative societal impact due to the transmission of SARS-Co-V-2," people incarcerated inside our state's prisons and jails must be vaccinated in

Phase 1. In addition to incarcerated populations being especially vulnerable to the spread of and medical complications from COVID, the close contact between correctional staff and incarcerated residents require that vaccinations be administered to both groups at the same time. Currently, the studies have not ruled out the possibility that someone who is vaccinated can carry and spread COVID to others. Consequently, vaccinating only correctional staff but not incarcerated residents creates the possibility that outbreaks in institutions will continue *and* will spread into the community. If correctional staff are vaccinated but continue to be in close contact with incarcerated residents who are not, they may continue to bring the virus in and out of the facilities, further endangering incarcerated residents and communities.

In addition to designating CDCR facilities as priority vaccination sites, we urge you to ensure that incarcerated people receive reputable information about the vaccine from community medical organizations (rather than just from CDCR).

It is imperative to ensure people are not disciplined for choosing to not be vaccinated. As the new New York Times' Critic Pick documentary *Belly of the Beast* shows, there is a strong and recent history of forced medical experimentation and sterilization on incarcerated people inside CA prisons. Therefore, we urge our political leaders to infuse this strategy with as much agency, bodily autonomy, and personal dignity on behalf of incarcerated people as possible by ensuring that the vaccine is voluntary, and that there is a clear opt-out option without penalty or other forms of retaliation.

As California begins its COVID-19 vaccination planning, we urge the Governor and the California Department of Public Health to include people in prison across California in Phase 1 of the vaccine rollout, to prevent further loss and life and protect essential prison workers and surrounding communities. We thank the Governor and the California Department of Public Health for their work and leadership during the COVID-19 pandemic.

Matthew J. DiLoreto, Healthcare Distribution Alliance

On behalf of the Healthcare Distribution Alliance (HDA) and our wholesale distribution members, we offer this letter to express the industry's commitment to supporting the nation's healthcare supply chain, the patients it serves, and the nation's pandemic response efforts. As the pandemic enters another extremely challenging cycle, it is essential for the nation's healthcare systems to remain fully operational and well supplied. Given the critical role HDA members play in distributing essential medicines and medical counter measures, we request that healthcare distributor employees remain recognized as critical infrastructure as the state moves forward with prioritizing access to COVID vaccine administration efforts.

Since the beginning of Covid-19 response efforts, the U.S. Cybersecurity & Infrastructure Security Agency (CISA) and Governors across the country classified healthcare distributors as essential businesses that were permitted to operate throughout local and state stay-at-home orders¹. Furthermore, the Centers for Disease Control (CDC) Advisory Committee on Immunization Practices (ACIP) COVID-19 Vaccines Work Group's plan for phased allocation of the vaccine includes essential workers in Phase 1 prioritization planning². As your state moves forward with planning and determinations for priority populations receiving the vaccines, we respectfully urge you to include healthcare distribution employees in the initial phases of vaccination. It is critical that these hard-working men and women remain healthy to ensure the nation's front line healthcare workers and patients they are serving receive vaccines and therapeutics as quickly and securely as possible.

HDA represents 35 of the nation’s wholesale healthcare distributors who serve as the critical logistics providers within the United States healthcare supply chain. HDA members work around-the-clock to safely and securely ship approximately 15 million pharmaceuticals and healthcare related products daily, which will include the coronavirus vaccines and therapeutics, to pharmacies, hospitals, and other healthcare providers nationwide. Over 92 percent of all medications shipped in the United States arrive at their dispensing location from a wholesale distributor.

HDA and its members are committed to supporting our supply chain partners as well as federal and state authorities to do everything possible to ensure continuous operations during the response effort. Thank you for your leadership during this challenging period.

¹ U.S. Department of Homeland Security Cybersecurity & Infrastructure Security Agency, Guidance on the Essential Critical Infrastructure Workforce: Ensuring Community and National Resilience in COVID-19 Response Version 4.0, Aug. 18, 2020

² ACIP COVID-19 Vaccine Work Group Presentation “Phased Allocation of COVID-19 Vaccines” Slide 6
<https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2020-12/COVID-02-Dooling.pdf>

William E. Adams, International Longshore and Warehouse Union and James McKenna, Pacific Maritime Association

On behalf of the International Longshore and Warehouse Union (ILWU), Pacific Maritime Association (PMA) and its member companies, and the major West Coast container ports – including the Port of Los Angeles, the Port of Long Beach, the Northwest Seaport Alliance (NWSA), the Port of Portland, and the Port of Oakland – we write to thank you for your continued leadership throughout the COVID-19 pandemic. Collectively, we represent America’s primary trade gateway to the Pacific Rim and beyond, sustaining employment and economic activity in our host communities and across the nation.

In light of the role we play in our collective pandemic response and ongoing economic recovery, we request you to prioritize testing and vaccine distribution for the essential workers of the West Coast waterfront. Naturally, we expect medical workers, first responders, and vulnerable populations to be among the highest priority; however, we would like to ensure that waterfront workers are given appropriate consideration as you consider other categories of essential personnel.

From the start of the COVID-19 pandemic, we have taken extraordinary measures to ensure the West Coast supply chain continues to operate safely and smoothly in support of the nation’s pandemic response and recovery. In this effort to ensure store shelves remain stocked and exports continue to flow to overseas markets, no one has done more than the

men and women of the ILWU who have continued to work through the pandemic, risking their lives to keep West Coast ports open. As emergency orders went into place, in order to better protect these heroic workers, members of our coalition acted decisively to obtain personal protective equipment (PPE) and cleaning supplies. The ILWU and PMA worked together to develop new cleaning protocols to ensure marine terminals were as safe as possible for ILWU workers, and they temporarily altered numerous joint practices in order to reduce risk on the waterfront.

As the spread of the virus necessitates more aggressive health and safety measures, we continue to prioritize worker safety as we seek to ensure continued operational capabilities. Ultimately, we view the expedited and widespread availability of COVID-19 testing and vaccinations for waterfront workers as essential to ensuring a safe workplace while maintaining operational continuity.

We, therefore, request the opportunity to work with you to plan for the deployment of COVID- 19 testing and vaccinations to waterfront workers as soon as possible.

Joe Doss, International Bottled Water Association

Thank you for your leadership in response to the COVID-19 pandemic. On behalf of the 25,398 people who work in California's bottled water sector, the International Bottled Water Association (IBWA) urges you to prioritize the employees in the food, agriculture, and beverage manufacturing and retail sectors to be eligible to receive vaccines in Phase 2, behind healthcare workers, first responders, and those populations most vulnerable to the disease.

IBWA was founded in 1958 and represents U.S. and international bottlers, distributors, and suppliers of spring, mineral, artesian, sparkling, and purified bottled water in both small-pack retail bottles and 3-, 4- and 5-gallon water cooler containers found in homes and offices. While IBWA represents companies of all sizes, the vast majority of our members are small, locally owned companies, with deep roots and strong ties within their communities. In California, bottled water accounts for 25,398 jobs, \$1,250,327,300 in wages, and \$7,188,606,700 in economic impact.

As you may know, early in the pandemic, the food sector was defined by the U.S. Department of Homeland Security as being critical to our nation's infrastructure. Our members have continued operating throughout the pandemic to ensure Americans have access to safe, nutritious, and affordable water. The food supply chain has faced challenges over the past ten months, but the bottled water sector has worked hard to ensure a plentiful water supply in grocery stores, other retail outlets, and homes and offices.

It is critical that food, agriculture, and beverage manufacturers and retailers continue to operate as part of critical infrastructure to ensure a safe and readily available food supply. We agree with the recommendations from the National Academies of Sciences, Engineering and

Medicine (NASAEM) that employees in these sectors be eligible to receive vaccines in Phase 2, behind healthcare workers, first responders and those populations most vulnerable to the disease.⁵

IBWA strongly supports this phased approach and feels it is of paramount importance to follow those recommendations.

As you develop your state's vaccine distribution program, it is essential that all levels of government prioritize this sector's workers for vaccination. We must ensure that our food supply operates uninterrupted, and we can only do so by ensuring these employees are protected. Thank you for all you are doing to ensure we work together in a coordinated fashion.

⁵National Academies of Sciences, Engineering and Medicine - Framework for Equitable Allocation of COVID-19 Vaccine. <https://www.nationalacademies.org/news/2020/10/national-academies-release-framework-for-equitable-allocation-of-a-covid-19-vaccine-for-adoption-by-hhs-state-tribal-local-and-territorial-authorities>

Neil Clark, SpaceX

I wanted to follow up on a voicemail I left earlier today asking whether the vaccine planning group is considering persons of national security importance in the distribution planning. Our client SpaceX has a small number of engineers and scientists responsible for four of the astronauts currently on the space station and are concerned about making sure they are prepared in case of an unexpected return or launch for NASA.

Mike Buccheri, CTI Foods

CTI Foods (also known as S&S Foods) has manufactured food in Los Angeles County for decades. On an annual basis, our 210+ local employees help us produce over 110 million pounds of food products for distribution across America.

For the reasons discussed below we at CTI Foods respectfully request that workers in the food manufacturing industry, including United States Department of Agriculture meat and poultry inspectors, be given very high priority regarding the distribution and administration of COVID-19 vaccines.

Earlier this year the Department of Homeland Security identified food manufacturing as a critical infrastructure sector.. Those people (our employees) have been on the front lines ensuring Americans have access to safe, nutritious, and affordable food. The challenges we have faced throughout the pandemic are unprecedented and yet were endured. Our industry is resilient, and the supply chain remains intact.

Critical components of that resilience are the programs and protocols we implemented in the spring and summer, programs that have proven effective in limiting the spread of the virus despite ongoing outbreaks in our communities. Those programs and protocols, coupled with education we intend to provide to our employees to explain the importance and safety of vaccination, put food manufacturing facilities in an ideal position to administer the vaccine to many people in an orderly and efficient fashion.

To that end, we fully acknowledge and support the Centers for Disease Control's Advisory Committee on Immunization Practices recent recommendation for administering the vaccine first to health care workers and certain other high-risk individuals. But prioritizing thereafter food manufacturing workers and their suppliers addresses an industry that is part of the critical infrastructure and necessary to ensure food remains available. Such prioritization would allow the utilization of an existing system to deliver the vaccine to a significant and important part of the workforce.

Part of the CDC discussion on allocation principles touches on the ethical principles associated with vaccine distribution. Given the demographic makeup of our hourly workforce in the Azusa, CA area is largely Hispanic, this population has been particularly hard hit by this pandemic and the prioritization can help mitigate some of these health inequalities.

The Committee on Equitable Allocation of Vaccine for the Novel Coronavirus, part of the National Academies of Sciences, Engineering, and Medicine, got it right when it concluded that people in the population group that includes food manufacturing workers need to be provided the vaccine, and special efforts must be made to reach these workers in ways that encourage them to be vaccinated."

The systems are in place. The workers are part of the critical infrastructure and the State of California depends on these people to produce and supply food products so our communities can thrive. For these reasons we respectfully request that, as you plan for the distribution of the vaccine, food manufacturing workers and USDA inspectors be given high priority to receive vaccinations.

Sally Kay, Amazon

As you know, Amazon workers are playing a vital role serving their communities during this pandemic. Our front-line employees and delivery partners are delivering critical supplies, enabling vulnerable individuals to stay safely at home. This includes more than 91,000 workers in California.

As California considers vaccine prioritization and distribution for essential workers, we stand ready to partner with you – not only to reach our own front-line workforce as soon as possible, but also to hear about any other needs you may have.

Amazon's top priority is ensuring the health and safety of our employees, and we expect to invest approximately \$10 billion in 2020 on COVID-related initiatives to keep employees safe and get products to customers. For example, we distributed more than 100 million masks to our workforce and built our own COVID-19 testing capacity, providing on-site testing to employees. As we all fight this pandemic together, vaccine distribution will be a major challenge, and we would like to explore how we can help.

We would like to discuss vaccination efforts with you or with other relevant leaders. If you let me know who is most appropriate for this conversation and times that may work, we will get our team on the phone.

Teresa Whitmire, Adventist Health

Here are my thoughts on distributing the COVID Vaccine. I understand the necessity of giving the vaccine to the SNF employees this first go around. not sure I understand giving it to the SNF patients. The SNF patients do not go outside the facility and as long as the staff are vaccinated and there are no visitors allowed the Patients should be OK. If a SNF patients returns from the hospital they should have been tested at the hospital and if positive should be in isolation at the SNF. Again, if Staff are vaccinated then the patients should be ok. It is the SNF staff that are brining this in. Those living at home, Isolated with care providers, need to be vaccinated, so their care providers are safe and the dementia patient can get out of the house and go to a much needed day program. It is a matter of mental health for the dementia patient as well as the care provider. All Day < community based< programs staff/ participants and families, should be in the early phase of vaccination instead of SNF patients. Thank you for considering this option

Stacy Newsom Kerr, Santa Cruz High School

I am a teacher in Santa Cruz. Teachers in our town miss spending in-person time with students but we are terrified that returning to the classroom puts our health and lives in jeopardy. I teach in a building built in 1914 with no HVAC system, so no ventilation. My classes have 36 students, so that even a half-class under the hybrid model doesn't allow space to social distance. And because I am a high school teacher I will be teaching close to 100 students under these conditions. Please, please, teachers need to be given access priority to the Covid-19 vaccine if we are expected to return to in person teaching. In my district 93% of teachers polled didn't want to return to live classes until a vaccine was available. This is because none of the reopening plans are motivated by our health and well being...and we know it. Please value your educators. We are not so easy to replace.

Stella Schmitt, Santa Cruz City Schools Art Teacher

Please work to have teachers and other school employees on the list of workers to receive vaccines as soon as possible. Teachers are being asked to be in enclosed areas with many children for six hours a day. We need our children at school and we need healthy teachers working with them.

Casey Denning, ELA Teacher and PBIS Coordinator, Mission Hill Middle School

Please prioritize getting teachers vaccinated ASAP. If this happens, we can get back into the classroom more safely, and get the kids back to in person learning. This should be a priority for safety, and for the education of our fellow kids.

Hollis O'Brien

Please make sure to vaccinate educators quickly so we can get students back in school.

Garret Olson, SLO Food Bank

Thank you for considering this request to prioritize Food Bank workers for distribution of vaccine. In my county, our staff of 28 is working hard to meet the nutrition needs of over 70,000 hunger residents. If our operations are interrupted due to exposure, the impacts would be devastating. Additionally, approximately 25% of those we serve are seniors. We have robust safety protocols for our operations, and vaccinating our team would provide an incredible defense against spread to our aged clients. Please feel free to contact me directly or pass this message on if it belongs with another official.

Valerie Noble and Kathleen Miller, California Health Coalition Advocacy (CHCA)

California Health Coalition Advocacy continues to be very concerned about potential consequences of fast-tracking a COVID-19 vaccine without adequate safety testing. With the mission of the Scientific Safety Review Workgroup to independently review the safety and efficacy of any COVID-19 vaccine before it is distributed in California and the mission of the Community Vaccine Advisory Committee to prioritize who receives the vaccines, we ask that you please consider the following points before recommending a vaccine for the prevention of Covid-19.

EFFECTIVENESS: According to a recent article in *The British Medical Journal* (October 21, 2020) regarding Covid-19 vaccine trials: "None of the trials currently under way are designed to detect

a reduction in any serious outcome such as hospital admissions, use of intensive care, or deaths. Nor are the vaccines being studied to determine whether they can interrupt transmission of the virus.”

<https://www.bmj.com/content/371/bmj.m4037?fbclid=IwAR0hA52nniaryxhKtnWQ1TQJd5vPyKRtncVnNcyFOCtEeRsQzQhYzbAMjDs>

SAFETY: An October Lancet article expressed concerns about the use of recombinant adenovirus vector in Covid-19 vaccines: “...we are concerned that use of an Ad5 vector for immunisation against severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) could similarly increase the risk of HIV-1 acquisition among men who receive the vaccine.” [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)32156-5/fulltext?fbclid=IwAR0pCq9XQuofz2Kit3iilBRjx6umYkp0NFAEPLLIlnLu9mevn0YbqFWZCmA#sectitle10](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)32156-5/fulltext?fbclid=IwAR0pCq9XQuofz2Kit3iilBRjx6umYkp0NFAEPLLIlnLu9mevn0YbqFWZCmA#sectitle10)

Hindsight shows that newly developed vaccines, especially ones rushed to production, carry serious risk. Remember the fiasco of the swine flu vaccine in 1976 and the H1N1 vaccine in 2009. Past testing of coronavirus and RSV vaccines has proven them to be potentially seriously harmful. In animal and human testing, the vaccinated populations suffered worse outcomes than unvaccinated, when exposed to the virus. Adequate testing in animals is necessary to establish that any vaccine candidate does not carry this risk of vaccine induced disease enhancement. Further, two of the top vaccine candidates use an mRNA platform, which has never successfully been used in a vaccine.

ADVERSE EVENTS: Adverse events are mounting in ongoing trials with AstraZeneca reporting a severe reaction in one of its participants resulting in transverse myelitis, and Pfizer also reporting mild and moderate reactions including high fever, fatigue, chills, muscle pain, and headache and some type of adverse effect in 84% of vaccine recipients. Johnson and Johnson paused their COVID-19 vaccine trials due to an unexplained illness in a study participant.

The FDA’s working list of possible adverse effects of COVID-19 vaccine candidates include: Guillain-Barre syndrome, acute disseminated encephalomyelitis, transverse myelitis, convulsion, seizures, stroke, narcolepsy, acute myocardial infarction, autoimmune disease, death, Multisystem Inflammatory Syndrome in Children, and vaccine enhanced disease.

<https://www.fda.gov/advisory-committees/advisory-committee-calendar/vaccines-and-related-biological-products-advisory-committee-october-22-2020-meeting-announcement#event-information>

<https://www.fda.gov/media/144245/download>

SAFE AND EFFECTIVE TREATMENT OPTIONS FOR COVID-19: Because there are now multiple promising options for effective treatments for COVID-19, rushing a vaccine to market and skipping adequate animal testing and longer term trials are not necessary.

Nature Research has identified multiple FDA-approved drugs that might be repurposed to treat COVID-19. “The researchers identified 100 drugs from this database that showed antiviral properties in response to SARS-CoV-2 in cells in the laboratory. Of those, they zeroed in on the 21 that seemed the most promising.” <https://www.medicalnewstoday.com/articles/list-of-promising-drugs-against-covid-19-leads-to-new-treatment-trial#13-promising-candidates>

T-CELL IMMUNITY AND LOW THRESHOLD FOR HERD IMMUNITY: In order to balance the risk/benefit of any vaccine candidate, the committee should understand the extent to which herd immunity and pre-existing cross reactive t-cell immunity currently exists (or will exist when a vaccine is likely to be approved). Some scientists are now speculating that because as many as 20-50% of people are less vulnerable to the Sars COV-2 virus due to pre-existing t-cell immunity, herd immunity may be achieved at rates as low as 20% infection rate.

“Surprisingly, antigen-specific T cell studies performed with five different cohorts reported that 20-50% of people who had not been exposed to SARS-CoV-2 had significant T cell reactivity directed against peptides corresponding to SARS-CoV-2 sequences (3–7).”

<https://science.sciencemag.org/content/early/2020/08/04/science.abd3871>

RT-PCR TEST: Many scientists and doctors are suggesting that the RT-PCR test is not suitable for screening and diagnosing COVID-19 especially when used at Cycle Thresholds above 35. At CTs above 35 the false positivity rate is up to 97%. According to the CDC, COVID-19 was the only cause of death mentioned for 6% of the COVID related deaths. All other deaths reported had, on average, 2.9 additional conditions or causes per death. Due to the high false positivity rate and most deaths involving 2.9 comorbidities, it is hard to say for certain how many deaths were actually caused by the SARS-CoV-2 virus.<https://cormandrogenreview.com/report/>

https://www.cdc.gov/nchs/nvss/vsrr/covid_weekly/index.htm?fbclid=IwAR3-wrg3tTKK5-9tOHPGAHWFVO3DfslkJ0KsDEPQpWmPbKtp6EsoVV2Qs1Q

INFECTION FATALITY RATIO: However, in spite of the above, the CDC’s best estimate of the infection fatality ratio ranges from .0003 for 0 - 19 years old to .054 in those 70 years and older. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/planning-scenarios.html>

SCIENTISTS AND DOCTORS EXPRESS CONCERNS: Please see attached two documents for your review that include extensive concerns of scientists and doctors:

Concerns and Suggestions regarding the UK’s COVID-19 Vaccine Agenda “We are an alliance of medical practitioners, scientists, academics and lawyers who are concerned about the current climate surrounding the impending use of a possible vaccine...” UK Medical Freedom Alliance

Dr. Michael Yeadon, ex-Pfizer head of respiratory research, and Dr. Wolfgang Wodarg, lung specialist and former head of the public health department, filed an application with the European Medicine Agency responsible for EU-wide drug approval, for the immediate

suspension of all SARS CoV 2 vaccine studies, in particular the BioNtech/Pfizer study on BNT162b. Yeadon and Wodarg express concerns about the use of the RT-PCR test, trial design, allergic reactions to PEG-containing vaccines, and the possible effects on fertility.

CONCLUSION

Given the low infection fatality rate, safe and effective treatment options, extensive safety concerns regarding current vaccine candidates, and the lack of current vaccine trials to adequately evaluate effectiveness, *California Health Coalition Advocacy* asks that you refrain from making any recommendations regarding a Covid-19 vaccine at this time.

Susan Heady, Kindergarten Teacher

I am writing to urge you to consider giving teachers vaccinations as soon as possible. Given the fact that we will be in enclosed spaces and for a number of hours with children who will have questionable social distancing skills and mask wearing skills, I feel like it is imperative to our health and safety to get a vaccine as soon as possible.

Laura Moore

Schools need to reopen safely. In order to do this, teachers, school employees, and their families should be prioritized to get the vaccine. Students should too.

Kathy Sandidge, Teacher, Branciforte Middle School, Santa Cruz

Please offer vaccines to educators as soon as possible so that we can safely return to school to teach our students.

Sallie Corbin, Science Teacher, Santa Cruz

Please allocate funds to public school administrators, teachers and staff so that we can open our schools safe and healthy once again.

Cher Gonzalez, for American Dental Association

On behalf of our client, the American Diabetes Association, we are pleased to submit public comments urging the state to prioritize people with diabetes, especially people of color, in the early distribution phases for the COVID-19 vaccine.

The American Diabetes Association (ADA) understands difficult decisions must be made when prioritizing roll-out of these life-saving inoculations. Populations at most risk for the adverse effects of COVID-19 must be prioritized, and this includes the nearly 4 million Californians with diabetes. People with chronic health conditions, including diabetes, are hospitalized six times more often for COVID-19 than those without. A study published in the journal *Diabetologia* found that among patients with diabetes and Covid-19, 1 in 10 died within a week of hospital admission. And collectively, people with diabetes represent 40% of the COVID-19 fatalities in the U.S.

Prioritization of people with diabetes must also ensure that communities that have been disproportionately impacted by the virus receive access to the vaccines. People from communities of color have been dying at three times the rate of those from the rest of the population. These communities suffer from higher rates of diabetes and are more likely to live in poverty. Low wage jobs are less likely to provide health insurance coverage and are more likely to provide greater risk for contracting the virus because they offer less ability to work remotely.

The ADA urges the California Vaccine Advisory Committee to ensure people with diabetes and communities disproportionately impacted by the virus, be among the first to be inoculated against COVID-19.

Ellen Semeniuk

I feel it is imperative to get students back to school so we can get families back to work. We need to be vaccinating teachers and school personnel so that students can safely return to school. The fear around Covid for teachers is real and teachers are worried about giving Covid to students as well as getting Covid from a classroom of students. To make sure we can get back to business as usual we need to make sure to vaccinate our teachers and school staff.

Veronica Zaleha, Teacher Librarian, Santa Cruz City Schools

Please include teachers and school workers in the early phases of providing a vaccine for Covid-19. Health care workers are, of course, on the very front lines. But in order to open schools safely and keep school workers' families and our communities safe, teachers must be able to receive the vaccine as soon as possible.

Association of University Centers on Disabilities

Frequently Asked Questions (FAQ):
COVID-19 Vaccine Distribution Considerations for the Disability Community

Pre-Distribution Considerations

I. What is the federal approval process for a COVID-19 vaccine?

The federal approval process for a COVID-19 vaccine is the same as the federal approval process for any vaccine product. The Food and Drug Administration's (FDA) Center for Biologics Evaluation and Research (CBER) is responsible for approving and regulating vaccines. The FDA is a part of the U.S. Department of Health and Human Services (HHS), which is a federal agency led by Presidential appointees.

All COVID-19 vaccines developed in the United States will go through the same steps of development, testing, and safety checks as any other vaccine. These steps include three phases of clinical trials of increasing size, and safety and efficacy standards. When Phase 3 of a clinical trial is complete, the vaccine developer can then apply to the FDA for approval and use.

In certain types of emergencies, the FDA can issue an Emergency Use Authorization (EUA) to provide more timely access to critical medical products, such as vaccines, medications, and supplies, that may help during the emergency.

The Centers for Disease Control and Prevention (CDC) does not have a role in developing COVID-19 vaccines but will support local and state health departments and partners in planning dissemination efforts and monitoring for vaccine safety and effectiveness.

Resources:

- FDA: COVID-19 Frequently Asked Questions
- FDA: Vaccine Product Approval Process
- FDA: Emergency Use Authorization
- CDC: How is CDC Making COVID-19 Vaccine Recommendations

II. What is Operation Warp Speed and how does it impact the federal approval process for a COVID-19 vaccine?

Operation Warp Speed (OWS) is a partnership among the Department of Health and Human Services (HHS) and the U.S. Department of Defense (DoD) to help develop, make, and distribute 300 million doses of COVID-19 vaccines in the United States by mid-2021. The role of OWS is to invest in and coordinate vaccine development between the public and private partners in order to accelerate the development and distribution of a safe and effective vaccine.

Resources:

- HHS Fact Sheet: Explaining Operation Warp Speed

- Developing Safe and Effective Covid Vaccines – Operation Warp Speed’s Strategy and Approach

III. What current vaccine developments are under way?

Over 100 vaccine candidates are currently in development. OWS has invested in 14 of the candidates deemed most likely to succeed. Currently, four COVID-19 vaccine candidates are in Phase 3 clinical trials in the United States*:

1. Pfizer/BioNTech: BNT162b2 (2 dose)
 - Pfizer/BioNTech submitted a request to the FDA for an Emergency Use Authorization on November 18, 2020.
2. AstraZeneca/Oxford University: AZD 12222 (2 dose)
3. Moderna/NIH: mRNA-1273 (2 dose)
4. Janssen Pharmaceutical Companies of Johnson & Johnson: AD.26.CO2.S (1 dose)

Several other companies also currently have vaccine candidates in clinical trials. The Novavax vaccine candidate (NVX-CoV2373, 2 doses) is expected to enter Phase 3 of clinical trials soon.

**Note: last updated November 20, 2020. Check the HHS website for updates.*

IV. I know a COVID-19 vaccine has not yet been approved for use, but has manufacturing started?

Yes, through OWS, the federal government has announced the start of several manufacturing partnerships. The goal is to have millions of vaccine doses available so that distribution can begin within 48 hours of a vaccine candidate earning FDA approval. Currently, the federal government is financially supporting the large-scale manufacturing of vaccine candidates from Pfizer/BioNTech, Novavax, Sanofi and GlaxoSmithKline, Janssen Pharmaceutical, Moderna, and AstraZeneca. The government’s manufacturing contracts secure over 300 million doses of potential COVID-19 vaccines. It is important to note, however, that most of the vaccine candidates require two doses for effectiveness. Additionally, at least two of the vaccines must be stored at an unusually cold temperature, which will require storage and transport procedures that may delay the timeline for getting a vaccine from manufacturer to patients.

Resources:

- HHS Fact sheet: Explaining Operation Warp Speed
- Temperature concerns could slow the rollout of new coronavirus vaccines

Distribution Guidance

V. Has AUCD provided any guidance for COVID-19 vaccine distribution to federal and/or state governments?

Yes, AUCD has provided comments to the National Academies of Sciences, Engineering, and Medicine's Committee on Equitable Allocation of Vaccine for the Novel Coronavirus. AUCD has also signed the COVID-19 Vaccine Allocation Principles along with other member organizations of the Consortium for Citizens with Disabilities.

VI. Have other organizations in the disability community provided any guidance for COVID-19 vaccine distribution to federal and/or state governments?

Yes, several other organizations in the disability community have filed comments to the National Academies, including, but not limited to:

1. Consortium for Citizens with Disabilities
2. Disability Rights Education and Defense Fund
3. National Council on Disability
4. American Association of People with Disabilities

VII. What guidance has the federal government provided for COVID-19 vaccine distribution?

Following the public comment period, the National Academies published the 'Framework for Equitable Allocation of COVID-19 Vaccine'. This consensus study was commissioned by the CDC and the National Institutes of Health (NIH) to guide the U.S. Department of Health and Human Services and state, tribal, local, and territorial authorities on equitable COVID-19 vaccine allocation planning. The Framework recommends a four-phased allocation plan to provide a COVID-19 vaccine and the necessary ancillary resources to ensure equitable allocation, distribution, and administration of a COVID-19 vaccine in the United States. It also provides guidance for launching a COVID-19 vaccine promotion, risk communication, and engagement campaign, and recommendations for supporting equitable allocation globally.

The final Framework explicitly mentions individuals with disabilities in both Phase 1 and Phase 2 allocations. Phase 1 includes people of all ages with comorbid and underlying conditions that put them at significantly higher risk of COVID-19, as well as all older adults in congregate care settings. Phase 2 includes people with disabilities in group homes and staff who work in a congregate care or group home setting.

Resources:

- 📄 The full report: 'Framework for Equitable Allocation of COVID-19 Vaccine'.
- Report at a glance.
- Recommendations within the report.
- 📄 CDC: COVID-19 Vaccination Program Interim Playbook for Jurisdiction Operations

VIII. What guidance has my state provided for COVID-19 vaccine distribution?

All states and territories had to submit draft plans to the CDC for how they would distribute the vaccine by October 16, 2020. CDC will review the plans and provide technical assistance. The CDC also published the COVID-19 Vaccination Program Interim Playbook for Jurisdiction

Operations describing what the plans should cover. The key parts of the plans include: public health preparedness planning, phased approaches to vaccination, identification of critical populations, provider recruitment and enrollment, capacity to administer, program monitoring, and vaccine storage and handling.

IX. Where do I find my state’s plan?

The Council of State Governments has created a webpage with each state and territory’s current draft vaccination plan. Additionally, the CDC has the Executive Summaries of every state and territory’s plan on their website. Some large municipalities are developing their own plans. For those, you should search for the city directly. In most cases, the state Department of Health is the primary author of the plan.

There may also be a special COVID Task Force that is working on the plan. Each plan says who developed and submitted it. Thus far only the first drafts of the plans have been sent to CDC. The plans are likely to continue to be developed and changed even as distribution occurs.

X. My state has county and local health departments. Do they have separate plans?

In some states, public health authority is not only at the state level, but also at the county or local level. To find plans at the county or local level, reach out to your county or local public health officials. They may be developing their own plans either separately or in conjunction with the state plan. Your COVID vaccination state plan may give you the outline of how public health is organized in your state and a place to start. Responsibilities within states may vary – is your state public health department in charge of the counties and locals? Or is each level in charge separately? We recommend you contact your state and/or local health departments to learn more details. Use the resources below to find contact information and websites for state, local, and tribal departments.

Resources:

- Links to the Health Department Directories for States and Territories, Cities and Counties, and Tribes.
- Learn more about the Health Department Governance in your state or territory from the CDC.

XI. How will the vaccine be distributed at the local level?

There will be differences in how the vaccine will be distributed to community members. For example, some national pharmacies have announced that vaccines will be given at their stores. In some places, doctors’ offices or hospitals will provide them to patients and/or the public. Local public health departments are also likely going to distribute the vaccines by setting-up local dispensing sites, within a community building and/or via a drive thru site. When reviewing the local (city, town, county) vaccine distribution plan, look for the words “Emergency Dispensing Site” (EDS), “Point of Distribution” (POD), or distribution of “medical countermeasures” (MCM) for opportunities to provide input on accessibility needs.

Resources:

- States are Getting Ready to Distribute COVID-19 Vaccines. What Do Their Plans Tell Us So Far?
- HHS: From the Factory to the Frontlines: The Operation Warp Speed Strategy for Distributing a COVID-19 Vaccine

Considerations for state and local disability leaders

XII. How can the AUCD network and your AUCD network center be poised to provide guidance to both the disability community and to state and local governments?

The AUCD network is uniquely positioned to advocate to state and local governments for the rights and needs of the disability community for a COVID-19 vaccine due to our wealth of knowledge and expertise on the disability community. Potential points of feedback to state and local governments could include:

- How COVID-19 has impacted the physical and mental health, livelihood, housing, education, and social wellbeing of individuals with disabilities, their families, and Direct Support Professionals (DSPs);
- How and why to prioritize individuals with disabilities, their families, and DSPs in allocation plans;
- State- or local-specific considerations for reaching those impacted most in the disability community;
- Facilitation of conversation between state and local public health officials and other stakeholders in the disability community; and
- Advocating for accessible formatting and options in any vaccine education and distribution plans (e.g. providing information in ASL or braille, plain language versions).

Additionally, AUCD network centers have established, trusted relationships with disability communities and partners in their states that can be utilized in COVID-19 vaccine distribution.

Potential points of guidance to the disability community could include:

- Relaying information from the state or local health department to the community in accessible language and formatting;
- Addressing vaccine hesitancy concerns through vaccine education initiatives;
- Providing information on when and how to receive a COVID-19 vaccine per state and local distribution guidance, as well as any follow-up information for vaccines requiring two doses;
- Connecting with state and local partners to reach a greater portion of the disability community;
- Liaising with related medical and healthcare professionals (e.g. primary care clinicians) on best practices in providing vaccine education and administration to individuals with disabilities, their families, and DSPs.

XIII. What should I be looking for in my review of the state COVID Vaccine plan?

1. Look to see who is *not* covered in your state plan for vaccines. You can advocate for those people, such as:
 - Are DSPs included in the sections on people who should receive early vaccinations?
 - Are unpaid caregivers of people with disabilities or seniors included?
 - Are non-prison non-elderly congregate care settings such as group homes, mental health facilities included?
 - Are young (under 65) people with disabilities in nursing homes included?
2. How does the definition of risk status due to identified health conditions impact people with disabilities? What health conditions are included? Are they expansive?
3. Does the plan consider environmental and social factors that impact what people with disabilities can do, where they can go, and whether and how they can participate in their communities?
4. Are considerations for distribution for people with disabilities specifically included (or are people included by age and limited disease type but not disability)?
5. How will information be made accessible? Are they including plain language? ASL? CART? Other languages?
6. How will distribution be made accessible? Are the sites accessible? Are there plans for people who may need to be accompanied to get their vaccine?
7. If you are in a rural state, how should distribution look different in order to be accessible? What might have to be put into place in terms of transportation or other access?
8. Is there any recognition/addressing of racial and ethnic disparities and/or mistrust of the medical system based on previous vaccines or care? How can we help address that?
9. Is there a recognition that disability civil rights (ADA) continue to apply? Any judgment based on “quality of life” should not apply.

XIV. After I have reviewed my state or local plan, how should I share my feedback and with whom?

We recommend contacting your state or local public health departments and local Boards of Health to find the correct person with whom to share your feedback. Your state Developmental Disability Council may also have recommendations for who within the state public health department to contact. When sharing your feedback, you may also be able to participate in the vaccine dissemination planning process by:

- Offering your disability expertise;
- Offering your expertise in COVID and the disability community specifically;
- Offering your evaluation/data tracking expertise;
- Offering your accessibility and plain language expertise;
- Offering to take a role in educating the disability community and systems about vaccine distribution and vaccine safety;

- Sharing AUCD materials (see below) on Flu Vaccines and offer similar materials on COVID vaccines;
- Asking if there is there a role that your LEND trainees might have in the process.

XV. Final thoughts to remember.

This is another instance where states are being forced to develop plans without the necessary information with which to do it. There is no common understanding of what is being asked, who is paying for it, what it will look like, what requirements must be met for the vaccine, or when they will be needed. There is no common understanding of what roles the federal, state or local entities will or should play. There is likely to be confusion and jurisdictional problems. They will be looking for partners to help. They will also be unclear about what they need, what they know or what they don't know.

AUCD Network Vaccine Tools and Resources

1. *Synopsis of Vaccine Reluctance Work in the AUCD Network*: A document that includes the myriad projects and products in the AUCD network to address vaccine reluctance in the disability community.
2. *#FightFlu Social Media Mini-Toolkit*: A social media messaging toolkit for use by AUCD network centers and individual leaders in the disability community with the purpose of sharing information and resources on the flu vaccine in an accessible format. This mini toolkit was created as a reflection of collaboration efforts with the CDC, other federal partners and disability organizations. While tailored to the flu, the messaging can be modified for a future COVID-19 vaccine.
3. *Fight the Flu: It's Important to the Disability Community*: A fact sheet in accessible language on why getting the flu shot is important to the disability community, with recommendations and resources from the CDC. While tailored to the flu, the messaging can be modified for a future COVID-19 vaccine. Developed by the Boggs Center on Developmental Disabilities at Rutgers University.
4. *Getting a Flu Shot: A Social Story for People with Intellectual and Developmental Disabilities*: A social story to help readers understand why it's important to get a flu shot and what to expect when getting the shot. DSPs, family members, and others can use this social story to prepare people with intellectual and developmental disabilities for getting the flu shot by printing or sharing with the person on a computer, tablet, or smart phone. While tailored to the flu, the messaging can be modified for a future COVID-19 vaccine. Developed by the Boggs Center on Developmental Disabilities at Rutgers University.
5. *Plain Language: The Flu Shot*: A fact sheet on the flu shot in plain language to answer common questions and address flu vaccine hesitancy for individuals with intellectual and/or developmental disabilities. Developed with the intention of being easily modifiable for a future COVID-19 vaccine.

Last updated November 22, 2020

Phillip A. Washington, Los Angeles County Metropolitan Transportation Authority

On behalf of the Los Angeles County Metropolitan Transportation Authority (LA Metro) Board of Directors, I am writing to formally request that our frontline transit workers be prioritized for distribution of the COVID-19 vaccine that is being distributed statewide. LA Metro operates the largest public transportation system in the state, and we continue to operate our service as a lifeline to other essential workers during the COVID-19 crisis. Our transit service also provides vital mobility for people without options so that they can meet their basic needs. Transit employees are essential, and their work is critical to providing transportation services that support other essential industries and their related workforces.

We employ over 7,000 transit bus and rail operators, supervisors, maintenance workers and security personnel who operate and maintain our bus and rail system - serving over 10 million Los Angeles County residents. Although our ridership has declined substantially, due to Stay at Home orders that are in place - we are still serving over 600,000 riders daily. Despite the risks, our employees, like so many other frontline workers, are still showing up and working through this crisis. They are committed to providing this essential lifeline service in a manner that is safe and reliable.

Of our 11,000-employee workforce, we have confirmed less than 400 cases of COVID-19 due to the measures that we have put in place, with PPE being provided and safety being a guiding value and priority for this agency. Despite our best efforts to slow the spread and protect our frontline employees, this year - tragically, we lost 2 employees to the COVID-19 virus. Metro is making every effort to keep our employees safe and we urge you to partner with us by ensuring transit workers are given priority for the vaccine alongside our healthcare workers, the elderly and other essential workers.

In addition to working with you on a vaccine distribution plan that prioritizes transit workers alongside healthcare workers and other essential workers, LA Metro would like to continue working with you on funding and policy relief that can aid critical essential transit workforce in the state. We appreciate the steps already taken by the State Legislature and your office in requesting federal aid to help all Californians stay healthy and safe during this crisis.

Michelle Laszlo-Rath, Speech Language Pathologist, Santa Cruz City Schools

I am a Speech Language Pathologist working at a public school in Santa Cruz, CA. I urge you to prioritize vaccinations for educators and school staff so that students can return to in person school more safely. I work with ages 3-5 in special education and distance learning has been exceedingly difficult for my students. Preschool and Elementary students need human interaction to learn and a vaccine for school workers would allow schools to open more safely to provide that.

Julie Rogers, English teacher at Harbor High School, Santa Cruz City School District

I am a high school teacher who has been teaching remotely since March of 2020. My students, parents and I would all like to safely return to school. Please prioritize the education and welfare of all our students by all prioritizing the health of those who work with California's student population. Our school workers must be offered the vaccine as soon as possible so that we can get students back to school.

Barbara Novelli, Bay View Elementary, Santa Cruz

This is the 30th year of my career as a public school elementary school teacher. When the pandemic began, we watched our entire world change. The sadness was deepest as I watched my 9 and 10 year old students leave the classroom and not know when we would ever return to our campus. It was unimaginable that we would close our school. But we did. And we worked tirelessly to reinvent ourselves as Distance Learning instructors. We dove into a new reality, and we did it because we love our jobs, we love our children and our families, and we are dedicated to our role as essential workers.

We see ourselves as essential. Our families see us as essential. Our students see us as essential.

We need to be vaccinated as soon as possible so that we can safely open up our schools. We cannot sacrifice our teaching staff's safety by reopening without the protection of a vaccine. We will be in a classroom for several hours a day, with uncertain ventilation, and groups of children who may or may not be positive for COVID 19. This is an unacceptable risk.

Teachers need the vaccine as soon as possible, right after first responders and residents of nursing homes.

Jeanie Brown

I need to see if there are any adverse reactions to the vaccine before I take it.

Ryan Bosson

I urge you to consider including educators as one of the first groups to receive the vaccine.

My districts' (Santa Cruz City Schools) school board just voted to return to in-person hybrid education once we leave the purple tier. This is not a fix for public health nor for public education.

Concerning public education, returning to hybrid instruction will continue to result in low quality education. Maintaining distances of six feet with mouths covered and the inability to fully work collaboratively in person for only two days a week will not yield high student achievement. We need to return to normal as quickly as possible. We need students attending classes 5 days a week in person. With an entire school community inoculated to Sars-CoV-2 we can do this.

In regards to public health, Students and teachers are highly likely to spread the virus as we return to instruction in the red-tier, putting the school and larger community at further risk.

I also urge you to prioritize schools in communities of color first. This pandemic continues to more negatively impact black and brown communities in our state. According to recent data from the LA Times, Latinos are more than twice as likely to be diagnosed with Covid-19.

Therefore, start by inoculating teachers and essential workers in communities of color. We must take intentional, anti-racist action in order to combat the negative impacts of the underlying racist structures in our economy, education and public health.

Marco Lucadano

Please prioritize COVID19 vaccinations for high school teachers ASAP. Statistics on demographic infection rates confirm that adolescent behavior puts high school teachers at a greater risk of infection.

Shanna Kiesz, Santa Cruz

Please, please, please make vaccines available soon to educators and those people who work in schools. We need to get the students back in schools as quickly as possible, and we need to keep the educators who work with these kids safe.

Michael A. Hursh, AC Transit

AC Transit, like all Bay Area transit systems, continues to struggle in the face of dramatically reduced ridership and revenues due to the COVID-19 pandemic. This challenge was already the most significant crisis in the history of public transportation, and now it has persisted far longer than any of us would have predicted.

Since the beginning, our workers have been on the front lines, doing their jobs as essential workers, providing other front line workers with a way to safely travel to and from their essential jobs.

Now that the availability of a vaccine is on the horizon, we strongly echo the attached call from the Amalgamated Transit Union (ATU). Specifically, we urge you to work to ensure that transit, paratransit, and school transportation workers are prioritized along with other essential workers to receive the vaccine following the critical need to vaccinate the State's healthcare workers.

Despite a 57% decline in average weekday ridership, people continue to rely on AC Transit to get them where they need to go. Our riders are the healthcare workers, grocery clerks, caregivers, emergency services personnel and others doing the critical work that has kept California functioning during the pandemic. They cannot continue to do so without access to

reliable public transportation, and are therefore dependent on the health of the transit workers that serve them every day.

AC Transit has worked hard to ensure the public health of riders and transit workers during this crisis. We coordinated with Bay Area operators to develop the *Riding Together: Bay Area Healthy Transit Plan*, which includes a baseline set of measures aimed at minimizing virus transmission on our systems. Among those measures is the provision of personal protective equipment (PPE) for all workers and a requirement that all riders wear face coverings and social distance while riding transit.

AC Transit's *ReNEW* Plan goes beyond the minimum standards of the Healthy Transit plan. We have taken additional steps to ensure worker safety including the installation of protective operator shields, onboard PPE (masks and sanitizer) for riders.

Prioritizing transit workers for vaccination as the attached letter suggests would ensure that our State is aided by a fully healthy transit workforce ready to carry a growing number of workers back to their jobs as our communities shelter in place, and then prepare to reopen safely.

Thank you for everything that you and your team have done and are doing to address this crisis, and thank you for considering the need to make sure transit workers are recognized for the daily sacrifices they continue to make on behalf of all of us.

James C. Denny III, MD, American Academy of Otolaryngology-Head and Neck Surgery

On December 10 the Vaccines and Related Biological Products Advisory Committee (VRBPAC) approved an emergency use authorization (EUA) by the Food and Drug Administration (FDA) for the COVID-19 vaccine developed by Pfizer, Inc. in partnership with BioNTech Manufacturing GmbH. This decision will expedite the delivery of the first COVID-19 vaccine in the United States. Many expect the Pfizer vaccine's rollout to commence within a matter of days. The VRBPAC will meet again next week to consider EUA approval for another COVID-19 vaccine manufactured by Moderna, Inc.

As you prioritize vaccine recipients in the California distribution plan, the American Academy of Otolaryngology - Head and Neck Surgery (AAO- HNS) urges you to consider the particular vulnerability of otolaryngologists (ear, nose and throat physicians or ENTs) when treating patients with COVID-19. Otolaryngologists, whether practicing at a major academic institution or in community-based hospitals across the country are called to examine all age groups with upper airway problems, both urgent and emergent in nature. In these urgent situations, the COVID status of the patient is often unknown. The area of the body that otolaryngologists examine and treat encompasses the nasal cavity, nasopharynx, oral cavity and oropharynx where the highest concentration of the virus is found in human beings. This puts the ENT physician at increased risk of exposure and transmission of COVID-19 as they care for virtually all of their patients in need. We fully support the prioritization of healthcare providers as the first line of vaccine recipients. Further, since otolaryngologists assume a higher level of risk based on their patient population, we respectfully request placement in the top tier of this group.

The AAO-HNS is the largest organization in the United States representing specialists who treat patients with medical problems involving the ear, nose, throat, and related structures of the head and neck. The Academy represents approximately 12,000 otolaryngologist-head and neck surgeons who diagnose and treat disorders of those areas. The medical ailments treated by our specialty are among the most common that afflict all Americans, old and young, including hearing loss, balance disorders, chronic ear infections, rhinological disorders, snoring and sleep disorders, swallowing disorders, facial and other cranial nerve disorders, and head and neck cancer.

Angela Stewart, Cepheid

Cepheid, based in Sunnyvale, CA, is an essential global manufacturer of PCR-based tests for CoV2 and a Flu A/B/RSV/Cov2 minipanel. Cepheid manufactures these products in Lodi and Sunnyvale CA and its manufacturing operations alone require hands on assembly by over 1,600 people. As an essential business at a unique risk of supply interruption due to viral transmission and outbreaks, we are requesting special consideration for early vaccine access. Please see the attached letter for additional information.

Cepheid's Chief Medical and Technology Officer, Dr. Dave Persing would like to meet with you regarding this urgent request. We would like to share some additional information.

Please let us know of your earliest availability. (NB. There was no attached letter.)

Rachelle Smith

I'm a healthcare worker and would like to know what my company needs to do to identify as an Essential Healthcare Provider in order to receive the vaccine.

Eric Powers, Minaris Regenerative Medicine

I inquire for my company's office in Mountain View, California. We are a contract manufacturing organization for cell and gene therapies – a manufacturer of health products, generally for the critically ill. We are looking to receive information on what priority order we can expect for our workforce in California for vaccine delivery.

Susan Warner Andre

Please allow teachers to get vaccinated as soon as possible to get our children back in schools.

Casey Carlson, Greater Santa Cruz Federation of Teachers

Please prioritize K-12 teachers and other school workers for vaccines so that we can get our students back in school.

Teachers will be spending 4.5-5 hours a day in a small space, sometimes not well ventilated, with a group of students barely spaced 6 feet apart. Some of the secondary classrooms will have 14-16 students.

It is ironic that Governor Newsom tells us we can't gather with people outside our immediate household but our teachers (and classified aides) are supposed to be in close contact with 20-36 households in close quarters on a daily basis. School administrators, custodians and all other school personnel working at their sites will be exposed to potentially hundreds of students.

The system of County Offices of Education administering COVID tests for the districts is already in place. Use this system to make vaccines available to education workers.

Janna Bedell

Please prioritize K-12 teachers and other school workers for vaccines so that we can get our students back in school.

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The system of County Offices of Education administering COVID tests for the districts is already in place. Use this system to make vaccines available to education workers.

Erin Petersen Lindberg, Science Teacher, Branciforte Middle School, Santa Cruz

Please prioritize K-12 teachers and other school workers for vaccines so that we can get our students back in school. As a teacher I will be spending 4.5-5 hours a day in a small space with a group of students barely spaced 6 feet apart. As of now my school is still working on a reliable ventilation system.

I am at a loss to how Governor Newsom can tell us not to gather with people outside our immediate household, but we teachers (and classified aides) are supposed to be in close contact with 20-36 households in close quarters on a daily basis; I have 130 students this year. I

for one, have an 81 year old mom that I visit weekly as she is quite isolated, and I will not be able to if we are back in school, and I am not vaccinated.

The system of County Offices of Education administering COVID tests for the districts is already in place. Use this system to make vaccines available to education workers.

Kim Hecko, First Grade Teacher, DeLaveaga Elementary School, Santa Cruz

Please prioritize K-12 teachers and other school workers for vaccines so that we can get our students back in school.

Teachers will be spending 4.5-5 hours a day in a small space, sometimes not well ventilated, without windows that open, with a group of students barely spaced 6 feet apart. We have limited custodial staff which makes it difficult to impossible to keep the school as clean as it would need to be to be safe. Students are not required to be tested and we need to rely on the word of families - some of whom may need to send their children to school so that they can work to survive. School personnel will be at high risk for exposure as well as passing the virus on to potentially hundreds of other people.

It seems nonsensical that Governor Newsom tells us we can't gather with people outside our immediate household but we teachers (and classified aides) are supposed to be in close contact with 20-36 households in close quarters on a daily basis. School administrators, custodians and all other school personnel working at their sites will be exposed to potentially hundreds of students. Many of our classified employees are paid just above minimum wage and do not have health insurance. In addition, when teachers become ill, we have very few substitute teachers available.

The system of County Offices of Education administering COVID tests for the districts is already in place. Use this system to make vaccines available to education workers.

Kelly McWaid, RN, District Nurse for Santa Cruz City Schools

Please make educators a priority for receiving vaccines. It's important for children to be in school and they can only be in schools with their teachers. Keep teachers safe and well so that they can be in school teaching our precious students! If teachers get sick there will be no school!

Vanessa McCroskey

In the difficult process of figuring out who to prioritize for early COVID vaccines, please put k-12 teachers and school employees at the top of your lists. Families all across the state have

learned first hand how essential in-person school is for education, family-functioning, mental-health of parents and children, and a functioning economy with workers who can actually work instead of home-schooling their kids. If we are to return to in-person instruction in poorly ventilated classrooms with older children who are just as capable of spreading the virus as adults, COVID vaccines for teachers are urgent.

Most districts have already established regular COVID testing systems for their employees, and these systems are ideal for organized administration and tracking of the vaccines as well.

Andrea Hutson

Please prioritize teachers and school staff when distributing the vaccine. California cannot recover economically without schools being fully opened for students. Distance learning is exhausting for teachers, students, and families. Students are receiving a fraction of the education they would be if they could be on campus/ in person.

Jennifer Jaffe, Teacher

I write to you today as a teacher and a parent. I am actively involved in teaching a small cohort on my campus. I believe it is imperative for teachers to be recognized as essential workers in all manners. Clearly we are seen as such in that we are required to report for duty and keep schools open and small cohorts functioning despite the uptick in cases nationally and statewide. How is it that we are considered essential workers but we are at risk of not being protected as one? On a daily basis I am working with at-risk children, working in close proximity (social distancing is virtually impossible when supporting children through distance learning on computers).

Please, please, please consider the decency of respecting the work of teachers and the current, inherent risks we are taking to support children's learning. Make COVID-19 vaccines accessible to teachers as soon as possible. The sooner we are vaccinated, the more likely it is that teachers will feel more comfortable to return to hybrid learning.

Rhea Hadzis

I am writing to you requesting that we teachers be of the first to receive vaccines so as to safely reopen schools. Students need to return to school and we should be protected.

Sara Hapner, Teacher

I urge you to give the vaccine to educators as soon as possible. Teachers are fearful for their lives. They want to see their students but they are fearful and extremely stressed that they may be risking their lives or the lives of their loved ones at home.

As a teacher, I would feel much safer and respected if I was to receive a vaccine before having to go back to in person teaching.

Victoria Mayes

Please acknowledge this request for COVID vaccine priority for my son Reuben Mayes, who is disabled. Diagnosed with quadriplegic athetoid cerebral palsy, Reuben is listed below along with his direct care support providers. He receives and requires assistance 24/7 for his daily living.

Dylan Mayes, Alan Polee, Isaac Basham-Clair, Richard DeLosada, John Webb, Victoria Mayes, Reuben Mayes

Please let us know when and where the COVID vaccine is available and how to proceed to be invited for the shot.

Julie Yanggen, Teacher

Please prioritize K-12 teachers and other school workers for vaccines. We would like to get our students back in school in a safer environment.

During the pandemic, teachers are expected to work with students in small often unventilated rooms for 4.5-5 hours a day. Students are barely spaced 6 feet apart. Some of the secondary classrooms will have 14-16 students.

Governor Newsom's directive tells us we can't gather with people outside our immediate household. However, our teachers and classified aides are supposed to be in close contact with 20-36 households in close quarters on a daily basis.

School administrators, custodians and all other school personnel working at their sites will be exposed to potentially hundreds of students.

The system of County Offices of Education administering COVID tests for the districts is already in place. Use this system to make vaccines available to education workers.

Please consider putting teachers on the list for timely vaccines so that we can safely work to educate our children and create a healthier school environment during this pandemic.

Pete Nielsen, California Consortium of Addiction Programs and Professionals

On behalf of the California Consortium of Addiction Programs and Professionals (CCAPP), the largest statewide consortium of community-based for profit and nonprofit substance use disorder treatment agencies and addiction focused professionals, providing services to over a 100,000 California residents annually in residential, outpatient, and private practice settings, we are writing to seek clarification concerning where our workers and clients stand in the priority cue for COVID-19 vaccinations.

According to presentations made by the Vaccine Advisory Committee and posted on the Department's website, it would appear that our workers would be categorized as follows:

1. Tier One (a):

Persons at risk of exposure to SARS-CoV-2 through their work in any role in direct health care or long-term care settings –

Slide 41 of the Vaccine Advisory Committee presentation on November 25, 2020, defined health care professionals as: - "Health professionals who are involved in direct patient care, as well as those working in transport, environmental services, or other health care facility services—who risk exposure to bodily fluids or aerosols."

Please confirm: that persons working at licensed and certified addiction treatment programs are considered "health professionals involved with direct patient care" for this definition as they meet face to face with clients, and for licensed facilities, are working in congregate care settings.

2. Subprioritization During Phase 1a Type of facility or role?

Slide 49 lists EXAMPLES of types of healthcare facilities that would be prioritized. It does include Chemical Dependency Recovery Hospitals and Narcotic Treatment Programs (NTPs).

Please Confirm: that in addition to the two modalities listed as examples on this slide, "licensed and/or certified alcohol drug treatment programs" are also locations that will be prioritized. There are very few Chemical Dependency Recovery Hospitals in the state. The vast majority of treatment is provided in licensed and certified facilities.

3. Specification of professionals to be vaccinated

Slide 57 lists numerous professionals the chart. However, alcohol drug counselors are not licensed. They are registered or certified by private entities and are not listed on the chart.

Please confirm: unlicensed (certified and registered) alcohol drug counselors will be included in the lists of professionals who will need to be vaccinated in phase 1 (a).

If there is a need to communicate with this workforce concerning vaccine availability, CCAPP is able to provide messaging to counselors. There are an estimated 30,000 of them in the state. CCAPP also has the ability to determine the race/ethnicity and location of our registered and certified workers which will enable us to locate those in high risk, low medical equity areas.

4. Tier 2

Can recovery residences (sober living homes), defined by Health and Safety Code 11833.05. (f), be added to the community care facility/congregate living list? Although not facilities, people living in these homes experience high levels of comorbidity for physical health complications. Additionally, if COVID is present, owner/operators close to new admission leaving vulnerable people facing extremely high rates of overdose and suicide without housing.

Many of the individuals our members serve, because of the nature of these diseases, do not recognize the symptoms of COVID-19 and therefore arrive to their substance use provider possibly carrying the virus. Our intention is to ensure that staff of substance use treatment programs are included as frontline providers and receive priority distribution under the COVID-19 vaccine roll out plan for California.

Substance use disorder is a chronic condition that often requires long-term inpatient and outpatient care. Providers working in residential substance use treatment facilities, community behavioral health organizations and outpatient substance use disorder treatment facilities are essential health care providers and should be categorized as frontline providers, therefore making them eligible to receive a COVID-19 vaccine in its earliest phase of distribution.

Specifically, the frontline providers in question are psychiatrists, psychologists, psychiatric nurses, clinical social workers, mental health counselors, addiction treatment counselors and peer support professionals. The Substance Abuse and Mental Health Services Administration (SAMHSA) concurs with this judgment. In a May 7, 2020 letter to mental health and substance use providers across the nation, Dr. Eleanor McCance-Katz, the Assistant Secretary for Mental Health and Substance Use, wrote the following: "During this time, it is critical that these individuals continue to get the care and treatment they need. A significant portion of this care will be provided in face-to-face settings. This care will often require physical contact and examination of patients performed by health care professionals. This letter is to certify agreement by the Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services, that the services provided in mental and substance use disorder treatment programs across the country are essential medical services" [emphasis added].

These essential medical services include responding to the substance use epidemic that was plaguing the nation before the arrival of COVID-19. Providers are now routinely putting themselves at risk for infection when performing necessary in-person treatment services including medication injections, case management services, and providing care for those experiencing psychiatric or substance use emergencies. Despite increased allowances in telehealth, much of the care provided in mental health and substance use facilities must be provided in-person, face-to-face with patients on a routine basis.

These frontline providers, our members, do all of this to ensure vulnerable patients adhere to their treatment plans to achieve and maintain wellness and stability amidst the pandemic.

It is well documented that mental illness and substance use have been on the rise in response to the COVID-19 pandemic. According to a Kaiser Family Foundation Tracking Poll conducted earlier this year, 53% of adults in the U.S. reported that their mental health had been negatively impacted by worry and stress related to COVID-19. According to the White House Office of Drug Control Policy, overdose fatalities were up nearly 12% compared to last year. The American Medical Association reports that more than 30 states have already seen increases in opioid-related deaths. In order to protect our state's substance use workforce, they must be treated as the frontline providers they are and must be included among the Phase 1 vaccine distribution group.

Please provide written confirmation regarding our workers' status for vaccine prioritization so that we may message our workers who are at high risk for contract the disease at their workplaces about the availability of vaccinations. Thank you for your attention to this important matter.

Lilith Ohlson-Perez

Hello California Government, please allow teachers to be on the list of people who get the Covid vaccine first! We don't want to die while doing our jobs!

Mistyn Block

The Covid 19 vaccine is new and many individuals have reactions, some mild and some severe. This is an individual choice in concert with your medical doctor.

Susan Moody, Community Employment Links

Hello, I am part of an agency that supports adults with developmental disabilities and intellectual disabilities. We are located on the coast in Northern California. We are community based, so we have continued to remain open during this pandemic. However, our services look much different. We serve fewer people at one time and our activities are very limited. We do understand the need for the people we serve as well as others to have the ability to get out of their houses even just to go for a walk for exercise and stimulation. Being isolated is difficult for anyone, especially for the population we support that already sometimes struggle to have much control over their own lives. Many folks we support have compromised immune systems and would benefit greatly from a vaccine giving them and their families peace of mind. Please consider this population as well as their household members and direct support professionals that work closely with them, to be among the first to be offered a covid 19 vaccination.

Dustin MacDonald, Santa Cruz

My comment is very simple.
If you want to open schools, you need to protect teachers.
Put them first with healthcare workers.
It is that simple.

Michelle Mulligan

Please prioritize K-12 teachers and other school workers for vaccines so that we can get our students back in school.

Teachers will be spending 4.5-5 hours a day in a small space, sometimes not well ventilated, with a group of students barely spaced 6 feet apart. Some of the secondary classrooms will have 14-16 students.

It is ironic that Governor Newsom tells us we can't gather with people outside our immediate household but our teachers (and classified aides) are supposed to be in close contact with 20-36 households in close quarters on a daily basis. School administrators, custodians and all other school personnel working at their sites will be exposed to potentially hundreds of students.

The system of County Offices of Education administering COVID tests for the districts is already in place. Use this system to make vaccines available to education workers.

Caitlin Johnston, Alianza School, Pajaro Valley Unified School District

Thank you so much for your diligent work on behalf of all Californians during this unprecedented global public health crisis.

My name is Caitlin Johnston. I am a public school educator with more than 25 years experience in California public schools, mostly in the Pajaro Valley Unified School District (PVUSD) in Watsonville. Due to the high Covid #'s in our school district service area, our entire district has been teaching via remote learning since mid March of 2020 and plans to continue to do so until March of 2021.

I wish to offer my gratitude to Dr. Sabbah at the the Santa Cruz COE and to Dr. Rodriguez, the superintendent of PVUSD. These two school leaders, and many others in our county, have been working tirelessly to prepare for a safe, sane, science-based, return to school. They have made the health and safety of our communities a priority, and understand that our genuine desire to have kids return to school should not be at the expense of *anyone's* life. Despite all of their

efforts our schools are NOT ready to reopen safely. Therefore, we MUST prioritize vaccinating educators.

As an educator with 25+ years, I believe that I speak for many colleagues when I say that no one wants a return to school more than teachers! We understand the many challenges and frustrations that come with distance learning. We face them all day. Every day. Distance Learning is no substitute for in person instruction. There are many subjects and effective teaching strategies that simply *cannot* translate effectively to a screen. In addition, many of our students and their families are suffering on multiple levels: economically, socially, emotionally, and more. And yet despite these obstacles, teachers continue to work diligently to teach, and children continue to learn.

The fact is this: California has been near the bottom of per pupil funding for public education for decades. Our systems are facing an unprecedented challenge (the pandemic) from a place of severe and cumulative deficit: facilities, transportation, staffing, supplies, are all suffering from years of neglect, making preparations for the return to school even more daunting.

In a recent article in a local paper, a parent of a 6 year old who asks: "Businesses through the county are open, so why are schools still shuttered?" I would answer this: Have you ever been in a room full of 25 six year olds? Or even half that number? Children that age cannot stay away from each other. They are not developmentally capable of consistently following the safety protocols. Add to that, that the classroom they are in may not have operable windows, nor a functioning air filter system, nor sufficient staff to deep clean daily, nor have a functioning sink for hand-washing, nor a school nurse, and I believe you have the answer to your question.

All of this is to say that we must prioritize the vaccination of educators. Reopening schools safely is one of the first and most important steps towards economic recovery. Unfortunately, as stated above, without a vaccine for the adults who work directly with children, reopening schools safely will not be possible.

Few other institutions/workers provide a more central and essential role in society; more so than athletes, hair salons, bars, restaurants, gyms, movie theaters, and many other businesses whose workers are deemed "essential" by some. Let's recognize the vital importance of schools and vaccinate educators early!

Zack Garban

It is vital that teachers and other school workers receive vaccines as soon as possible. Students need to get back to school, educators can not do that safely without being vaccinated. Even in a limited capacity, teachers will be spending four or more hours in enclosed spaces with up to 14 students. Ventilation will be limited. Space will be limited. There will be risk of virus spread.

In many places, we're at the highest tier of restriction right now. We are supposed to stay home and isolate from others not in our households. One classroom can have dozens of families in it. Teachers will be exposed to all of them. With vaccinated teachers, we'll increase the safety of our educators and our communities.

Charlene Wick, health care employee of Community Employment Links, Crescent City

I work with a day group that cares for people with disabilities. Community Employment Links. Our clients have various degrees of disabilities, severe physical disabilities as well as mental disabilities. Our Health Care Workers have been very quarantined since March 2020 and must always be on guard lest we accidentally infect our clients. I would like to advocate strongly for vaccinations for this group of the fragile population and their workers. With the increase in cases in our little town, the chances of them getting the virus is very real. They are very fragile and may not survive infection. Thank you for your consideration.

Elizabeth Lindsley, Santa Cruz City Schools

In order for our economy to take flight and for our children to learn and thrive, educators should be high on the list for receiving vaccinations for COVID-19. Despite working 10-14 hour days ensuring the best distance learning for our students, classroom teachers understand that in-person learning is key to student learning and mental health and parent productivity. Please vaccinate teachers as soon as reasonable to help get our society back on track!

Sarina Fernandez, Science Teacher, Santa Cruz City Schools, Union Representative, Greater Santa Cruz Federation of Teachers

Please prioritize K-12 teachers and other school workers for vaccines so that we can get our students back in school.

Teachers will be spending 4.5-5 hours a day in a small space, sometimes not well ventilated, with a group of students barely spaced 6 feet apart. The vast majority of middle school and high school classrooms will have 16 students.

It is ironic that Governor Newsom tells us we can't gather with people outside our immediate household but our teachers (and classified aides) are supposed to be in close contact with up 90-100 households in close quarters on a weekly basis. School administrators, custodians, and all other school personnel working at their sites will also be exposed to hundreds of students.

The system of County Offices of Education administering COVID tests for the districts is already in place. Use this system to make vaccines available to education workers.

Dan Huber, Foster Farms

The availability of a COVID-19 vaccine is a major step forward in defeating this insidious and pervasive disease. The prioritization of those groups that will first receive the vaccine must be carefully weighed, taking into account those most at risk, those whose contribution to our states infrastructure is most vital, and those that are most disadvantaged. Health care workers, first responders, and those that are demographically most vulnerable to fatality must be given first priority. I respectfully request that, following the aforementioned groups, priority be given to the employees of Foster Farms, who fall within a category designated as “essential” by the Department of Homeland Security, and reaffirmed as such by the State of California and its local counties. Few things are more essential to life than nourishment. The women and men of Foster Farms have been on the frontlines of ensuring that protein nourishment in the form of quality chicken and turkey products are available to all Californians.

To date, Foster Farms has followed a multi-hurdle approach to controlling COVID-19:

- 1) Screen to prevent symptomatic employees from entering facilities, utilizing wellness and temperature checks.
- 2) Secure the workplace by implementing mitigations that follow CDC guidance and additional review with county health departments. These include mandatory wearing of masks and shields, the addition of partitions to workstations where social distancing opportunities are limited, daily USDA-reviewed plant sanitation and continuous sanitation of shared common spaces, staggered breaks and expansion of break areas.
- 3) Continuous weekly testing of employees at all major processing facilities to remove asymptomatic workers, curtailing potential COVID-19 spread. Foster Farms has performed nearly 45,000 test since the beginning of the pandemic. Our testing is graduated, based on an ongoing review of change in county prevalence level and most recent test results, with the potential to expand testing quickly. Currently, all of our major California processing plants are testing employees at least once – and in some cases twice – per week. We believe this is among the most comprehensive testing programs in California.

Foster Farms operates plants in Merced, Fresno and Stanislaus counties. These counties have some of the highest COVID-19 prevalence levels in the California. A review of nine months of data has consistently indicated that increased prevalence among our workers has been preceded by significant and, at times, dramatic increases in countywide positivity.

Our multi-hurdle approach has often proved strong enough to maintain 1% prevalence levels at a plant, even as the county prevalence levels has climbed to double digits. We have also suffered setbacks entailing outbreaks and, regrettably, fatalities for which we continue to grieve. There is no price you can place on worker health and safety. Our commitment to worker protection can be measured in the tens of millions of dollars, but even with this level of

investment and follow-through we do not believe a poultry processing plant can be made entirely safe from COVID-19. It is for this reason that we urge vaccine prioritization for our employees.

More than 20 million Californians rely on Foster Farms chicken and turkey products as a primary source of protein. It is important to recognize that 80% of the products that Foster Farms produces are accessible by those with household incomes below California's \$75K median. Without the on-going efforts of Foster Farms employees, lower-income households may have had no affordable protein alternative. Further, our company and its employees haven't neglected those most disadvantaged. Though encumbered by significant financial pressures, Foster Farms has donated more than 2 million pounds of its products to foodbanks. The contribution of our employees is manifest, the risks they face remain constant, and a vaccine the greatest source of protection.

There are already preliminary indications that a sizeable portion of our state has concerns about vaccine safety, and may resist therapeutic application. Foster Farms employs almost 10,000 ethnically diverse workers in California. We believe that the vast majority of our workforce will embrace the vaccine, and we are committed to educating them to carry the "must vaccinate" message back to the communities in which they reside, to the greatest benefit of us all.

Laura Roth

Please consider teachers and support staff as high priority for the covid vaccine. Our children need to be back in school as soon as possible. They are not thriving as a whole, through distance learning.

Stacy Lauren-Kon

Hello. I run a small medical clinic in Los Angeles and am wondering if there is a list I can't on for the Covid-19 Vaccine for healthcare workers?

Anne L Marangoni

As a podiatrist, I have some risk while working on patients. It is impossible to be socially distant while touching patients' feet. It is my hope that I would fall into Tier 3 along with the dentists and that I would be notified through the Monterey County Health Department.

Cynthia Paulsen, MS, LEP, Santa Cruz City Schools

Please prioritize K-12 teachers and other school workers for vaccines so that we can get our students back in school. Teachers will be spending 4.5-5 hours a day in a small space, sometimes not well ventilated, with a group of students barely spaced 6 feet apart. Some of the secondary classrooms will have 14-16 students.

As a School Psychologist and special educator, I have been putting myself and my loved ones at risk everyday as I meet with students to conduct special education assessments and interact with small cohorts on campus, including those with severe handicapping conditions who are unable to wear a mask consistently.

It is ironic that Governor Newsom tells us we can't gather with people outside our immediate household but our teachers (and classified aides) are supposed to be in close contact with 20-36 households in close quarters on a daily basis. School administrators, custodians and all other school personnel working at their sites will be exposed to potentially hundreds of students.

The system of County Offices of Education administering COVID tests for the districts is already in place. Use this system to make vaccines available to education workers.

Hannah Cohen

Tuning into the Community Vaccine Advisory Committee's meetings, I'm pleased to hear professionals discussing inequities and fair distribution practices to prevent the spread of COVID-19. I feel, however, that myself and many people like me have been overlooked in these discussions, which is why I am writing to you today.

I write to you not with formal qualifications and titles; I am not a lobbyist or a representative of a special interest group. I am a citizen of California, waiting on this vaccine like so many others. And I am one of millions of Americans who is immunocompromised.

In the race to make a vaccine, I have watched news trickle in about trials and efficacy data. All along, my understanding was that as a medically vulnerable person, there would be priority paid to individuals like myself who have suffered the most from pandemic-induced isolation and fear of illness.

Living with my senior father and being at increased risk myself, I have not been able to work as I normally would since the start of the pandemic. It has put a severe financial strain on my family, not to mention an emotional strain as we have had no choice but to stay housebound since March.

I would like to return to the workforce, to be a productive member of society. However, given my medical situation, the risks of pursuing work without a vaccination are enormous. In particular, the type of vaccine available to folks like me is paramount.

The mRNA vaccines, among them the recently approved Pfizer vaccine, have resulted in the lowest recorded infection rates among participants in published trials. They also avoid the potential pitfalls of traditional vaccines as they do not require introducing a deadly virus into my immunocompromised system.

While these mRNA vaccines will be available sooner, they will also face greater scarcity than future vaccines. That is what scares me.

I am worried that should prioritized workers be classed above the elderly and those with underlying health conditions, the scarcity of the most effective vaccines will keep us vulnerable for the foreseeable future. I am also worried I may be excluded from future vaccines that contain an inactivated virus.

The World Health Organization has placed the reduction of death and disease as the highest priority for allocation of the vaccine, with the elderly and groups with comorbidities in their earliest stages for dissemination after healthcare workers.

It does not seem that the State of California intends to follow these guidelines, instead opting to prioritize businesses and their employees. This will challenge people like myself and my father, who have been out of work not by choice, but by necessity for survival.

I hope you will take my testimony into account and consider it as you proceed with organizing the roll out plan for this life-saving vaccine.

Kathy Chaput, First/Second Grade Teacher, Bay View Elementary School, Santa Cruz

I imagine many school district boards are like ours, racing to get teachers and students back in the classrooms as soon as possible despite our state's recent spike in COVID cases with hospitals struggling to keep up with the demand (personnel and available equipment). Our school board recently voted to return to in-person learning the instant that we move from the purple tier to the red tier -- leaving teachers and staff members feeling extremely anxious that our lives are being put on the line in the name of educating our youth.

While we understand children are suffering both emotionally and academically -- not to mention the impact on working families unable to simultaneously work and monitor at-home learning -- many of us feel like guinea pigs being thrust into an indoor environment for many hours at a time, and with barely adequate space to distance six feet. (And suspend for a moment the logistics of teaching young children from six feet away...)

Meanwhile, we are still learning about COVID and how it is spread. We do not yet know ALL variables in its spread. Just within the last 3 days, research has come out of South Korea with implications for indoor distancing, and that six feet may not be sufficient to protect oneself. Also, over the summer top researches demonstrated that the *MAJORITY* of spread is asymptomatic or pre-symptomatic.

So, the 2 ways the district plans to protect us may be null and void: 1

- 1) temperature checks upon school entry (irrelevant if spreading asymptotically/pre-symptomatically)
- 2) Student desks six feet apart

I am extremely upset about being asked to return to work, although I will be excited to get back to "in-person learning" with my lovely students when *it IS* safe to do so. Please, please consider prioritizing school teachers and staff members near the top of the list so we may *safely* return to our jobs as educators.

Bastian Lehmann and Vikrum Aiyer, Postmates

Thank you for your steadfast leadership in guiding California through our current wave of COVID-19 infections and hospitalizations. We are grateful and inspired to have a physician and public health expert lead our state's efforts to control this pandemic with data and science to drive a safe and balanced path towards recovery.

Delivery workers are essential workers. And through the pandemic, the on-demand app based delivery service, Postmates, has supported tens of thousands of California pharmacies, restaurants, and main street retailers by connecting local neighborhoods and vulnerable populations to their food, medical supplies, groceries, and local goods. Moreover, against the backdrop of millions of jobless claims nationally, we have seen an 84% increase in app-based workers signing up to make deliveries amidst the pandemic, to supplement their incomes and ensure that communities from Humboldt to San Diego can safely shelter in place while having meals, household items and other goods delivered through safe, non-contact deliveries.

We ask that you include delivery drivers in the Phase 1B list of essential workers eligible to receive the COVID-19 vaccine. App-based delivery drivers are on the front line providing an essential service to the general population every day. And early access to a vaccine would help drivers and delivery people continue to play their essential role, while minimizing the risk of inadvertent contact, while increasing behavioral incentives for Californians to stay at home (if they're ensured that food and goods can be delivered quickly and safely). Without the essential service they provide, more individuals will be forced to leave their homes to get basic supplies. Sadly, those individuals may end up in emergency rooms that are already overwhelmed with COVID-19 patients.

Specifically we urge that the California Department of Health & Human Services to:

- Mirror CDC guidance that app-based delivery workers be prioritized under Phase 1B;
- Encourage County-based distribution of vaccines to also execute distribution plans against CDC Phase 1B guidance;
- Work with the app-based industry to align on eligibility & verification of an essential worker on our platform (e.g. allow workers to access the vaccine by proof of earnings via in-app earnings-screens and by demonstrating a minimum number of consecutive of deliveries or “trips”)

Recognizing app-based delivery workers as essential workers in need of vaccine prioritization, will help shore up confidence in the food and retail economy for the state of California, helping to fuel a resilient recovery. This recognition would also align with the Administration's vision to ensure the whole supply chain of food workers -- from meatpacking plants, to grocers, to delivery fleets -- are offered robust access to worker and workplace protections. Postmates will continue to offer couriers who perform services on our platform free access to sick leave programs; telemedicine & mental health services; job search & upskilling services; and offset the cost of child care & family care. And in the weeks ahead will start operationalizing new programs to cover the cost of Covered California programs, and offer our fleet higher wages. While we continue to do our part, we hope the taskforce will ensure app-based delivery workers are continued to be seen as essential workers for the purposes of Phase 1B vaccine prioritization.

Jessi Butler

Please prioritize K-12 teachers and other school workers for vaccines so that we can get our students back in school. Teachers will be spending 4.5-5 hours a day in a small space, sometimes not well ventilated, with a group of students barely spaced 6 feet apart. Some of the secondary classrooms will have 14-16 students.

It is ironic that Governor Newsom tells us we can't gather with people outside our immediate household but our teachers (and classified aides) are supposed to be in close contact with 20-36 households in close quarters on a daily basis. School administrators, custodians and all other school personnel working at their sites will be exposed to potentially hundreds of students.

The system of County Offices of Education administering COVID tests for the districts is already in place. Use this system to make vaccines available to education workers.

Lee Ann Magoski, CALNENA

As the California Chapter of the National Emergency Number Association (CALNENA), we are writing to address an item of significant concern in the 9-1-1 public safety dispatch community. As representatives of dispatchers throughout California, we are concerned that inconsistent planning and application of vaccine distribution at the local level may result in 9-1-1 public safety dispatchers being denied priority access to the COVID-19 vaccine as first responders.

CALNENA is the voice of over 8,000 public safety dispatchers at both the state and local level, including those with law enforcement, fire/EMS, and other public safety operations. These career professionals answer over 27 million 9-1-1 calls annually. We are dedicated to making 9-1-1 and public safety communications work better. We measure our success in the lives that are saved by the 9-1-1 system each and every day. CALNENA advocates for an improved emergency telephone number network through research, planning, training and education and strives toward citizens having immediate access to emergency public safety services so that safety of human life, protection of property and civic welfare are benefited to the utmost degree.

As addressed this year by AB 1945 (Salas) and recently signed into law by you, public safety dispatchers are now appropriately considered members of the first responder community. This policy reflects the realities that dispatchers are highly trained individuals and an instrumental link in the public safety chain.

Dispatchers are highly susceptible to COVID-19 outbreaks due to working conditions. Remote work as a public safety dispatcher is nearly impossible, dispatch center work stations are cloistered together by design to promote communication and the teamwork necessary to accomplish the job, and workstations are continuously occupied consecutively, one shift after another, by different employees. Dispatch shifts are long (typically 8-12 hours), and they are in spaces that may be poorly ventilated with dispatchers talking consistently and forcefully throughout their shifts. All of these factors result in dispatchers being highly at risk of exposure should a co-worker become infected with COVID-19.

In recent weeks, there has been a sharp increase in significant COVID-19 outbreaks in dispatch centers. In some cases, dispatch centers have seen significant percentages of their staff quarantine due to exposure.

Since dispatch centers statewide are already understaffed, these scenarios are placing a strain on the chain of survival for the citizens of California. There have been centers where administrative staff and trainee dispatchers have been pressed into service as 9-1-1 dispatchers when fully trained responders are no longer available for work. Frankly speaking, this puts the public at risk in the middle of a pandemic.

CALNENA has conducted informal polling across our membership base throughout the state. Resoundingly, our community indicates that most dispatch centers have had no discussions

about being vaccinated as part of the first responder response. This would indicate that agencies are not yet thinking about including the public safety dispatch community in the first round of COVID-19 vaccine coordination and distribution. Some members indicate that their agencies are simply not planning to vaccinate dispatchers, a decision we consider unacceptable.

Like many frontline professions, COVID-19 has been disruptive and challenging for dispatchers doing their best to ensure the best public safety outcomes for all Californians under trying conditions. We have struggled with access to timely testing, ensuring safe workspaces, and protecting fellow dispatchers and our families from infection and exposure.

This year, you and the Legislature agreed that it is important that public safety dispatchers be recognized for their vital contribution to the safety and security of California by classifying them as first responders. We ask now that your office, working in conjunction with the California Department of Public Health and California Office of Emergency Services, establish statewide guidelines ensuring that first responder vaccination prioritization include availability of the vaccine to public safety dispatchers. This will help ensure the continuity of frontline response, protecting the public's first point of contact with the public safety system.

Jeffry Hagar, Teacher at Harbor High School, Santa Cruz

I write to urge you to make vaccines available to educational workers as a priority in order to open schools safely as soon as possible. Our economy and children's education depends upon schools opening soon and that cannot happen unless teachers and staff are inoculated against the virus first.

Melissa Dennis

As a teacher, I am anxiously awaiting the time when we can teach our students in person. If a vaccine is what it will take to go back, then I advocate for teachers to be vaccinated earlier to increase the likelihood that students all receive in person education as soon as possible.

Joshua Penrod, JD, PhD, Plasma Protein Therapeutics Association (PPTA)

The Plasma Protein Therapeutics Association (PPTA) would like to take this opportunity to request that you consider plasma donors, plasma donation center employees, and production employees as your administration refines its COVID-19 vaccine prioritization plan. There continues to be a critical need for plasma donation, and it is essential that the complex, global supply chain to manufacture plasma protein therapies is preserved to ensure access for the patients who depend on it.

PPTA represents manufacturers of plasma protein therapies and plasma donation centers. Plasma is collected from healthy, eligible donors and then manufactured through a lengthy (7-12 month) process called fractionation into highly purified, non-interchangeable biologic therapies that treat a range of conditions, such as immune deficiencies and chronic neurological diseases. Plasma for further manufacture is essential to meet the clinical needs of patients, as these therapies are often the only way to treat these lifelong conditions.

It is important that plasma donation center employees, donors, and production employees, all of whom are involved in the collection and manufacturing of these lifesaving therapies, are protected from contracting COVID-19. The Association and its members would like to thank the administration for recognizing these groups as essential infrastructure in the Executive Order issued earlier this year. This action allowed the manufacturing of lifesaving plasma-derived therapies to continue in the face of the COVID-19 pandemic. Patients nationwide with rare conditions rely on plasma donors, donation center staff, and manufacturing facility staff as integrally important in helping them maintain access to the therapies that keep them healthy.

The clinical need for plasma protein therapies has been steadily increasing for many years, which necessitates a high level of plasma collections. Last year, plasma donation centers in the United States collected more than 50 million plasma donations. Even before the pandemic, plasma donation levels struggled to meet this need, to the point where the Assistant Secretary for Health at the U.S. Department of Health and Human Services requested a meeting with PPTA in the Fall of 2019 to discuss reported patient access issues for immunoglobulins.

This need has not diminished, and during the COVID-19 pandemic, plasma donation centers experienced significant declines in collection. Reported declines may be attributed to the impacts of social distancing measures and mobility restrictions, as well as the fact that plasma donors, like everyone else, limited trips outside of the home. Any continued decline in plasma donations could impact patients' ability to access their lifesaving therapies even more so, therefore PPTA is appealing to authorities to support the urgent need for plasma donations.

It is our understanding that states will have the authority to determine the prioritization of approved vaccines among groups of individuals. We request that California include plasma donors and plasma industry employees as it refines its COVID-19 vaccine prioritization plan. These individuals need the protection a vaccine could offer to continue their critical public health contributions that allow patient access to plasma-derived therapies. Further, we ask that you consider encouraging residents to donate plasma at one of the 28 centers in California by directing them to donatingplasma.org on your website or social media channels.

We are grateful for your attention to the urgent need for plasma donations. So that patients do not lack access to plasma protein therapies, we appreciate your consideration of a high prioritization for COVID-19 vaccines to essential plasma donors, plasma donation centers, and plasma production facilities.

Diane C Kirkpatrick

Thank you for the amazing job you are doing. I cannot even imagine the pressure you must be under. You are responsible for saving so many lives with your quick actions. In that regard, I have a comment or a request. The County Public Defenders are an overlooked and underappreciated front line, essential worker. My nephew must still work with his inmate clients in close proximity, with no barriers between them. While the clerks and others have plexiglass barriers, the Public Defenders are treated, by many, as an extension of the inmates, who are infected at unacceptable rates. While Orange County is the primary culprit, they are not alone. My nephew has had to quarantine twice for two weeks, in a span of two months. We are still awaiting the results of this last exposure, where he had to sit at a defense table with his client, with no barriers, except for the mask each was wearing. The inmate tested positive the next day, along with about 100 other inmates. I believe Public Defenders should be among the first to be vaccinated. They must continue to work so that our inmates are provided with a speedy trial and due process. The Public Defenders are also our heroes. Thank you.

Kandi Pickard, National Down Syndrome Society, and Hampus Hillerstrom, LuMind IDSC Foundation

provide vaccines will allow pharmacies to plan and adapt care delivery models to provide increased vaccine capacity and optimally serve patients this winter. Now more than ever, undue restrictions on pharmacy staff should be lifted for the greater good, to help meet public health goals for vaccination during this critical and unprecedented time.

In addition to issuing a waiver allowing pharmacy technicians to perform COVID-19 and flu vaccinations, we also encourage your Administration to consider other solutions to better optimize the ability of pharmacies to provide critical services during this pandemic. We recommend that you include an exemption in the pharmacy technician immunization waiver to the pharmacist-to-pharmacy technician ratio for purposes of supporting efficient, effective, and safe mass vaccination initiatives. California's outdated law currently only allows one pharmacy technician to be supervised by a pharmacist at any given time. Temporarily lifting this cap during the COVID-19 pandemic would significantly expand access to the COVID-19 and flu vaccines while allowing pharmacists to spend more time on clinical, patient care.

The California Retailers Association is the only statewide trade association representing all segments of the retail industry including general merchandise, department stores, mass merchandisers, restaurants, convenience stores, supermarkets and grocery stores, chain drug, and specialty retail such as auto, vision, jewelry, hardware and home stores. CRA works on behalf of California's retail industry, which currently operates over 400,000 retail establishments with a gross domestic product of \$330 billion annually and employs over 3 million people—one fourth of California's total employment.

The National Association of Chain Drug Stores represents traditional drug stores, supermarkets and mass merchants with pharmacies. Chains operate over 40,000 pharmacies, and NACDS' over 80 chain member companies include regional chains, with a minimum of four stores, and national companies. Chains employ nearly 3 million individuals, including 157,000 pharmacists. They fill over 3 billion prescriptions yearly, and help patients use medicines correctly and safely, while offering innovative services that improve patient health and health care affordability.

Peter Hansel, CalPACE

Please prioritize PACE frontline health care providers in the top tier of those to receive vaccinations, alongside SNF workers. PACE frontline care providers, largely from the most impacted low-income diverse communities, go from one frail participant to another, just like SNF workers, and require the same prioritization. PACE participants are certified by the state as nursing home eligible. PACE frontline workers are at the same elevated risk of contracting and spreading COVID-19 as staff in SNFs and congregate settings.

Josh Geinberg, Cleaning Coalition of America

The Cleaning Coalition of America respectfully urges you to consider access for contract cleaning professionals as you continue to develop and finalize COVID-19 vaccine distribution plans.

Comprised of seven of the cleaning industry's most established and respected organizations, the Cleaning Coalition of America (CCA) represents more than one million professional public and private cleaning workers across the nation. Our cleaning professionals work in the country's hospitals, long term care facilities, public transit systems, schools and universities, airports and airplanes, office buildings, stadiums and arenas, and other public spaces. Since March, professional cleaners have played an important role in sanitizing essential facilities during the COVID-19 crisis. Going forward, our cleaners will continue to play a significant role in ensuring that all places where people gather together, whether for work or recreation or health care, are clean and safe.

Ensuring that these essential frontline workers are in the first priority group of essential workers to qualify for the vaccine is consistent with the general Phased Allocation Phase 1b recommendations of the CDC Advisory Committee on Immunization Practices (ACIP). Allowing contract cleaning professionals to access the vaccine after healthcare personnel and long-term care facility residents and staff (Phase 1a) and in conjunction with other frontline workers and at-risk groups will support the dual objectives of protecting public health while also promoting safe and responsible economic activity.

Contract cleaning professionals will continue to play a key role in COVID-19 prevention and mitigation during this bridge period before the vaccines become widely available to the general

public. Professional cleaners help create the confidence needed for the public to return to work and restore the economic well-being of the country. Even as the vaccines are rolled out to targeted populations, there will be a continued need to maintain heightened cleaning standards to continue to reduce community spread through shared spaces. Protecting the workers who are providing those cleaning services every day will pay forward indispensable public health benefits until a larger percentage of the total population is able to get vaccinated. Prioritizing and protecting cleaning professionals from the outset will maximize those benefits for everyone.

Thank you for your consideration of this request and more broadly for your steadfast commitment to public health and safety throughout the pandemic. The Cleaning Coalition of America looks forward to continuing to work with you in support of those efforts.

Rachel Michelin, California Retailers Association

The California Retailers Association (CRA) and National Association of Chain Drug Stores (NACDS) applaud your actions to protect the health and safety of Californians during the declared COVID-19 State of Emergency. Although California is in the midst of the largest surge since the beginning of the crisis, there is light at the end of the tunnel with the anticipated COVID-19 vaccine. The first doses of the vaccine are expected to arrive very soon and California must bring all resources to bear to ensure patients are able to easily access these vaccines not only in the near term but the long term as well. We request that your administration immediately issue a waiver enabling pharmacy technicians to administer flu and COVID-19 vaccinations as the first doses of the vaccine are set to arrive in California in a matter of days.

Pharmacists were authorized by AB 1710 (Wood, 2020, Chpt. 123) to independently initiate and administer any COVID-19 vaccines approved or authorized by the Federal Food and Drug Administration. CRA and NACDS were in strong support of this bill. The bill, however, did not address the further authorization required for pharmacy technicians to administer flu and COVID-19 vaccines under the supervision of a pharmacist.

With one out of three adult Americans receiving their annual flu vaccinations at a community pharmacy, there is already a strong precedent for individuals to look to their pharmacies for their needed vaccinations. Due to COVID-19 and increased public awareness on the importance of vaccinations, especially this flu season, our members are experiencing significantly higher demand for vaccinations. A recent Gallup poll¹ found that 63 percent of adults in the United States are planning to be receive the COVID-19 vaccine. In California alone, that equates to approximately 25 million residents. Many of the other places where patients typically get vaccinated (e.g. schools, offices, universities), are either closed or less accessible to patients, resulting in greater pressure and demand on pharmacies to administer the vaccine.

The California State Board of Pharmacy has recognized the importance of expanding access to vaccines and recently voted to support the administration of flu and COVID-19 vaccinations by

pharmacy technicians under the supervision of a pharmacist. The Board has requested that your administration issue a waiver to that effect.

Several other states have taken steps to allow pharmacy technicians to immunize, including Idaho, Indiana, Rhode Island, Utah, Colorado, Nevada, Illinois and Washington. Further, the U.S. Department of Health and Human Services issued guidance under the Public Readiness and Preparedness (PREP) Act on October 21, 2020 authorizing pharmacy technicians to administer COVID-19 to individuals 3 and older and all childhood vaccinations. HHS' historic actions preempt state law and the majority of states have acknowledged the guidance or taken complimentary actions in support of it. In California, proactively authorizing pharmacy technicians to provide vaccines will allow pharmacies to plan and adapt care delivery models to provide increased vaccine capacity and optimally serve patients this winter. Now more than ever, undue restrictions on pharmacy staff should be lifted for the greater good, to help meet public health goals for vaccination during this critical and unprecedented time.

In addition to issuing a waiver allowing pharmacy technicians to perform COVID-19 and flu vaccinations, we also encourage your Administration to consider other solutions to better optimize the ability of pharmacies to provide critical services during this pandemic. We recommend that you include an exemption in the pharmacy technician immunization waiver to the pharmacist-to-pharmacy technician ratio for purposes of supporting efficient, effective, and safe mass vaccination initiatives. California's outdated law currently only allows one pharmacy technician to be supervised by a pharmacist at any given time. Temporarily lifting this cap during the COVID-19 pandemic would significantly expand access to the COVID-19 and flu vaccines while allowing pharmacists to spend more time on clinical, patient care.

The California Retailers Association is the only statewide trade association representing all segments of the retail industry including general merchandise, department stores, mass merchandisers, restaurants, convenience stores, supermarkets and grocery stores, chain drug, and specialty retail such as auto, vision, jewelry, hardware and home stores. CRA works on behalf of California's retail industry, which currently operates over 400,000 retail establishments with a gross domestic product of \$330 billion annually and employs over 3 million people—one fourth of California's total employment.

The National Association of Chain Drug Stores represents traditional drug stores, supermarkets and mass merchants with pharmacies. Chains operate over 40,000 pharmacies, and NACDS' over 80 chain member companies include regional chains, with a minimum of four stores, and national companies. Chains employ nearly 3 million individuals, including 157,000 pharmacists. They fill over 3 billion prescriptions yearly, and help patients use medicines correctly and safely, while offering innovative services that improve patient health and health care affordability.

1 Willingness to get COVID-19 Vaccine Ticks Up to 63% in U.S.: Gallup poll. December 8, 2020 <https://news.gallup.com/poll/327425/willingness-covid-vaccine-ticks.asp>

Elliot E. Mainzer, California Independent System Operator Corporation (ISO)

The California Independent System Operator (ISO) is responsible for maintaining the reliability of one of the largest and most modern power grids in the world, managing over 80 percent of California's electricity flow and a transparent wholesale energy market. Staff at the ISO work around the clock to meet the electricity needs of consumers, while facilitating the increase in use of renewable energy for the green and clean grid of the future.

We are writing you today to urge your consideration of prioritizing early vaccinations to some of our most critical operating staff. The California ISO has been designated as having an Essential Critical Infrastructure Workforce by the U.S. Department of Homeland Security due to our responsibility in the operation of the United States' electric grid.¹ Although we have over 600 full time employees, we have identified approximately 80 non-telecommuting, mission essential workers for early vaccinations. These highly specialized, trained and certified professionals cannot work from home or in isolation from others on the job site due to the sensitivity and volume of information they require. They also cannot be easily replaced by others who have similar, yet not as specialized, skill sets in the energy sector. Because "we keep the lights on," your prioritization of these essential workers ensures that first responders can continue their fight against COVID-19 without disruption.

Thankfully, an initial rollout of a vaccine is now in sight. As the State and County health departments develop plans for distributing vaccines in the state, we request that you consider including our limited group of 80 essential workers as high priority for initial inoculation. We work closely with the County of Sacramento and have the ability to activate our Closed Medical Point of Dispensary (MPOD) to administer the vaccines to staff in a staggered approach, to maintain continuity within our operations control center.

Prioritizing vaccinations for essential workers is consistent with guidance contained in the "COVID-19 Vaccination Program Interim Playbook for Jurisdiction Operations, Version 2.0," released October 29, 2020, by the U.S. Department of Health and Human Services Centers for Disease Control and Prevention. The playbook recommends that critical infrastructure workers be considered for prioritization based upon their job function and exposure to risks.

As the nation continues to navigate and work together to respond to this pandemic, the significance of the CAISO's essential critical infrastructure workforce remains top priority. We, therefore, respectfully request consideration for prioritization of vaccination for our mission essential workers who are critical to the reliability of the electric and utility services here in California.

¹ <https://www.cisa.gov/publication/guidance-essential-critical-infrastructure-workforce> The U.S. Department of Homeland Security Essential Critical Infrastructure Workers Guidance (ECIW) Version 4.0 includes energy sector essential workers as described in this letter. DHS' ECIW guidance highlights how state and local jurisdictions and critical infrastructure owners can

use the list to assist in prioritizing the ability of essential workers to work safely while supporting ongoing infrastructure operations across the nation.

Christopher Staub, Central California Blood Center

I am writing this letter, on behalf of all Californians, to join the American Red Cross, America's Blood Centers, the American Association of Blood Banks, and Blood Centers of California, to support the CDC's definition of "health care personnel" and the recommendation by the Advisory Committee on Immunization Practice (ACIP) to prioritize "healthcare personnel," including blood center employees, for the purpose of allocating the COVID-19 vaccine.

Throughout the current COVID-19 pandemic, blood center employees across the state have continued to work every day with uncompromised and selfless commitment to ensure a safe and adequate blood supply remains available to Californians. Simply put, these individuals play a critical role serving patients needing blood and blood products including the collection of convalescent plasma, used specifically to treat COVID-19 patients. The need for our ability to continue this service to the state without compromise by protecting these workers at the earliest possible opportunity is unquestionable.

Our Central California Blood Center (CCBC) provides blood and services to patients who receive care at numerous hospitals and their network of facilities in Fresno, Tulare, Madera, Kings and Mariposa Counties. Between 5,000 to 6,000 pints of blood must be collected per month to meet the needs of patients in our Central Valley. Throughout the year, we have continued to meet the needs of our community, both in our regular efforts to collect and distribute blood, and as the first blood center in the nation to produce pathogen reduced COVID convalescent plasma.

To ensure a safe and robust blood supply remains available throughout the pandemic, it is essential that blood centers' personnel be considered "healthcare personnel" for the purpose of the vaccine allocation in the state of California.

Tim Mullane, FUJIFILM Irvine Scientific

Our Company is supporting multiple bioPharma companies working on both vaccines and therapies targeted at COVID-19 within OWS. Paul Maslanek or our Company, requested support for our essential employees staff and that they be put in-line for vaccination.

We have identified only the essential personnel needed to support OWS which number 239 people (currently) attached to our Santa Ana, CA location that we would like to make the vaccine available to at the earliest opportunity. Can you assist us in getting this organized? I am adding to the email string our HR contact, Allison Snow.

Stacy

Hi, why can't essential workers like us working in retail stores like Target and grocery stores? We come into contact with lots of people and I think we should be the next in line to be vaccinated. We at risk just like health care workers.

Andrea Botsford, Theater Technician/Facility Manager, Henry J. Mello Center for the Performing Arts

I am writing to advocate for school workers to be prioritized for the vaccine as soon as possible and before students are back in school. While many projects are underway to make campus less Covid 'friendly' such as improving air filtration, Districts are strapped for time and personnel in completing these. Many school district employees are already worn thin with distance learning and garnering student participation, so the quicker we can reopen schools with appropriate testing and vaccinations the better.

Eric Zetz, SWANA California Chapters Legislative Task Force

The Legislative Task Force (LTF) of the California Chapters of the Solid Waste Association of North America (SWANA) is pleased to provide the following recommendations on prioritizing vaccine distribution to a critical essential public service, the solid waste and recycling sector.

SWANA is the world's largest association of solid waste professionals (more than 10,000 members), which represents hundreds of thousands of men and women in the solid waste and recycling industry. SWANA's California chapters represent more than 1,100 of those SWANA professionals. The LTF represents the California Chapters on solid waste-related legislative and regulatory issues.

The LTF supports the State of California's Executive Order N-33-20 and the State Public Health Officer's designation of solid waste management as an essential service and, therefore, requests that the California Department of Public Health place this industry in Phase 1 to receive the COVID-19 vaccines. The solid waste and recycling sector are comprised of companies and municipal agencies that collectively employ hundreds of thousands of men and women who collect, process, and dispose of municipal solid waste in the United States. These people are on the front lines of managing society's waste in a job that is listed in the top 10 of the most dangerous jobs in the nation. COVID-19 exacerbates the dangers that are faced by these men and women on a daily basis. This sector plays a critical role in maintaining the public health infrastructure of California and the nation, especially in support of the COVID-19 health crisis we are facing. The sector was identified in March 2020 as essential by the U.S. Department of Homeland Security's Cybersecurity and Infrastructure Security Administration

(CISA), and also has been listed as essential in every emergency order issued at the state level in response to the COVID-19 pandemic.

A substantial portion of the employees in the solid waste and recycling sector are persons of color who have been disproportionately impacted by the COVID-19 pandemic. These essential workers are often unable to socially distance because of the work they perform (e.g., multiple employees frequently ride in a solid waste or recycling collection truck; sorters at recycling facilities, etc.).

Monica Nowlin, Pajaro Valley Unified School District

As an on-site employee of Pajaro Valley Unified School District, I will not be getting the vaccine. I do not want something that has not been tested enough for my comfort level to be forced upon me. I do not stand alone in this feeling either. Please consider that staff that work on-site at schools are humans just like everyone else and shouldn't be forced to do something against their will.

Thank you for considering the humans that do this work.

Le Ondra Clark Harvey, California Council of Community Behavioral Health Agencies

The California Council of Community Behavioral Health Agencies (CBHA) applauds Governor Newsom for his leadership in establishing the SSRW—a distinguished group of professionally diverse subject matter experts—to ensure that COVID-19 vaccine candidates meets necessary safety requirements. CBHA would also like to thank all of the SSRW appointees for their willingness to step up and provide necessary guidance and insight during such a trying time for California, our nation and the entire world. We are proud of our state for leading the way in creating an advisory body which serves as a model for the nation. It is because of the great impact that this group can have that we write to share our perspective on what we believe should be prioritized as the (SSRW) conducts its work.

BHA is a statewide association of mental health and substance use disorder non-profit community agencies. We believe that Californians deserve a comprehensive, community-based behavioral health system that is adequately funded. We value outcome based, data driven, culturally responsive and linguistically appropriate approaches to service provision. We work strategically and collaboratively to pursue public policy initiatives that create system change for diverse communities across our state. We support the integration of behavioral health, physical health, housing, education and vocational rehabilitation services for children, youth, adults and older adults.

Prioritizing Behavioral Health Personnel

During this period of crisis in our nation, CBHA has been called upon to be a voice for our provider agencies who serve over 500 thousand Californians with mental health and substance use disorders. The pandemic has not only impacted the physical health of the citizens of our state, but it has also evidenced and promises to continue to impact their mental health and substance use behavior. As we anticipate the release of a COVID 19 vaccine, we urge the SSRW to prioritize the behavioral health workforce that provides services to these populations among those first in line to receive the vaccine. The National Council for Behavioral Health along with the National Association of State Mental Health Program Directors (NASMHPD) and the Mental Health Corporations of America (MHCA) sent a letter to U.S. Department of Health and Human Services (HHS) Secretary Alex Azar; CDC Director Robert Redfield, MD; and Advisory Committee on Immunization Practices Chair José Romero, MD, FAAP, calling for mental health and substance use providers to be included as essential frontline providers who should receive the vaccination as early as possible. Similarly, a newly published report from Senator Elizabeth Warren (D-Mass.), Congresswoman Carolyn B. Maloney (D-N.Y.) and Congresswoman Katie Porter (D-Calif.) recommends that additional federal support be released to behavioral health providers to better protect patients and staff in behavioral health facilities from COVID-19 through increased investment in personal protective equipment (PPE), testing supplies and test processing capacity, as well as additional funding to address the increased costs of providing essential care.

Prioritizing Behavioral Health Patients

We also urge you to appropriately classify those who suffer from behavioral health conditions as vulnerable populations. Specifically, CBHA has noted the disproportionate impact that the pandemic has had on racially and ethnically diverse populations- particularly Black Americans. CBHA has created a Race and Social Equity Taskforce (RSET) to examine this phenomenon and develop solutions to the health disparities that exist. One of our strategies is to ensure the SSRW considers prioritizing vaccinations for those who have a behavioral health disorder/condition and who belong to a racially and ethnically diverse group. We acknowledge that a group as talented as yours is equipped to consider these salient variables and hope that what we recommend is consistent with what you are planning to recommend for our state.

Recommendations for Addressing Racially and Ethnically Diverse Behavioral Populations

The state should explicitly acknowledge the dilemma many communities of color face as being the hardest hit by infectious disease, while simultaneously dealing with the understandable mistrust that exists in these communities due to historical abuses in the arena of medical testing on vulnerable populations and people of color. While this Prioritizing Behavioral Health Personnel exists, the state should provide as much contextual information available to residents that can help the general public (particularly those most vulnerable) to make informed decisions about whether to receive a vaccination for COVID-19. Relevant info could include:

- Any data on the number of people of color included in the clinical trials
- Disaggregated data on participants' race/ethnicity
- Any known variances in results based on race/ethnicity
- Any known variances in results based on other co-existing medical/psychiatric conditions
- Side effects

The state should launch a public information campaign that explains the effectiveness, known risks, and other considerations that all people should be aware of to make informed decisions about whether to vaccinate themselves, their families, and vulnerable groups within their respective communities, including people struggling with behavioral health disorders and/or pre-existing medical conditions, particularly those most prevalent in communities of color. Consideration should also be given to launch this public information campaign in different threshold languages to reach diverse communities

This campaign should include trusted community partners across the state in the development stages of the content, communications strategy, and data compilation needed for the campaign. Partners should include:

- Members of CBHA
- Community Health providers (FQHCs and others)
- Social/Family service providers
- Faith-Based and Community-Based Orgs serving communities of color across the state

The COVID-19 pandemic has come with global uncertainty, fear and anxiety. It is important that we focus not just how we are going to survive, but also on how we can simultaneously be the most helpful and impactful in our policy decision-making. Statistics show that Black and Latino Americans are nearly three times more likely than White Americans to become infected. As we approach what we hope is the beginning of the end of this pandemic, ostensibly with reliable vaccines that can be made widely available throughout the 2021 calendar year, it is vital that we prioritize vaccine distribution to the aforementioned populations who have been most impacted, and who continue to face the greatest risk. As such, we implore the SSRW to take into account the policy recommendations as it commences with its process of advising on the efficacy and safety of existing and forthcoming COVID-19 vaccine medications.

Ali Saidi, Contra Costa Defender Association

I am writing on behalf of the Contra Costa Defender Association, which represents the attorneys and investigators of the Contra Costa County Office of the Public Defender. We understand that you will soon be deciding how to prioritize access to the limited number of COVID-19 vaccines that will become available in this county. We recognize that health care workers must be given access as soon as the vaccines have been determined to be safe and use

is approved. We are writing to urge that vaccination of those housed in our county custodial facilities soon follow. Our incarcerated clients, many of whom are indigent people of color who have underlying health conditions, are at the greatest risk of contracting COVID-19 and becoming severely ill or even dying from the disease. While incarcerated, they live in incredibly close quarters that prevent them from being able to properly socially distance, and they are frequently not provided necessary sanitary products, making protective hygiene impossible. There have already been numerous outbreaks in local jails across the state. During a period in May of this year, 60% of inmates in one of the Los Angeles County jails tested positive for COVID-19, and there is currently a large outbreak at the Santa Clara County juvenile facilities. In this county, there have been more than 50 incarcerated individuals who have tested positive for COVID-19, in addition to many staff members at our jails.

Besides prioritizing vaccination of this vulnerable population, I write today to urge you to provide early access to public defenders and investigators as well. Throughout the pandemic, the courts have been deemed essential and have not ceased live operations. No one in the court system has more exposure and close contact with clients, their families, and community members than attorneys and investigators at the Public Defender's Office. We have been deemed "essential workers," and the services we provide are mandated by the state and federal Constitutions. In every sense of the word, public defenders are first responders trained to aid clients who themselves are uniquely vulnerable to infection with the COVID-19 virus. Since March, our attorney and investigator members have continued to visit their incarcerated clients in the jails and out in communities that have been disproportionately affected by the virus. We have stood side-by-side with our clients in courts across this county and have interacted daily with court staff, including Sheriff's deputies who themselves work in close proximity to incarcerated clients and vulnerable populations. We have participated in a large portion of the 68 criminal jury trials that have been held during the shelter-in-place period, again exposing our members to crowded courtrooms and shared airspace. More than anyone else in the court system, our members place their lives at risk by simply doing their jobs. Numerous public defender staff from our office have been exposed to, testified positive for, and developed symptoms from the virus, and earlier this year, we lost a colleague from the Los Angeles County Public Defender's Office to COVID-19.

Prioritizing early access to the COVID-19 vaccine for incarcerated individuals, as well as attorneys and investigators at the Public Defender's Office, will protect not only those parties but the entire community and would ensure that Constitutionally mandated legal services are delivered effectively and seamlessly. Thank you for your consideration.

JD Polk, NASA

First and foremost, thank you for taking on the enormous challenge of managing the distribution and supply chain for the COVID-19 vaccination effort for your state.

Our agency was asked to provide to the Office of Management and Budget the number of critical workers employed by NASA in each state, and this information probably was sent to you. I would like to make sure you also have the name of the NASA point of contact (POC) at our facility(ies) in your state, should you need to contact them directly:

NASA Armstrong Flight Research Center:

Miriam Rodon; miriam.m.rodon@nasa.gov; Ph- 661-276-3647

Dr. Dwight Peak; Dwight.peak-1@nasa.gov; Ph- 661-276-3217

NASA Jet Propulsion Laboratory:

Margaret Ayala; Margaret.a.ayala@jpl.nasa.gov; Ph- 228-332-2394

Will Michael, William.I.michael@nasa.gov; Ph- 818-354-1091

NASA Ames Research Center:

Dr. Jordan Firestone; Jordan.a.firestone@nasa.gov; Ph- 650-604-6328

Jane Bean; jane.e.bean@nasa.gov; Ph- 650-604-5287

I assure you we recognize that, although our mission is important to the nation, protecting frontline healthcare providers and the most vulnerable populations must take precedence. We do not expect, nor would we request, any preferential treatment. We greatly appreciate the sacrifice and dedication of frontline healthcare workers and honored them recently by adding the medical symbol of Asclepius to the Mars 2020 Perseverance rover, which launched about five months into the pandemic and is scheduled to land on the Red Planet in February. Should you need any information, or should you have any concerns at all with any NASA personnel or facilities, please do not hesitate to contact the NASA POC listed above, or alternatively, do not hesitate to call me directly.

Andre Colaiace, Access Services

The recent news of multiple effective vaccines against COVID-19 is a promising development in the fight against this novel virus. On behalf of Access Services, which provides Americans with Disabilities Act (ADA) paratransit service on behalf of 45 public transit agencies in Los Angeles County, we urge you to include transit, taxi, and paratransit employees in the category of essential workers and provide them with early access to vaccines.

Throughout the pandemic, transit professionals have been on the frontlines, ensuring critical transportation continues to operate allowing many other essential workers – from healthcare providers to grocery store employees – the ability to get to work safely. Paratransit operators, which include taxi operators in Los Angeles County, have played a special role in ensuring people with disabilities and seniors continue to have access to life-sustaining services, such as dialysis, chemotherapy, or outpatient rehabilitation. Access' paratransit operators have also taken on the new role of delivering meals and groceries to seniors and people with disabilities

across Los Angeles to attack the critical issue of food insecurity. These deliveries – over 300,000 to date -- support the ability of those most vulnerable to COVID-19 to stay safer at home.

Our paratransit operators and many other frontline transit workers have been integral in keeping our essential services moving and our communities fed during this pandemic. Paratransit riders often fall into high risk categories for COVID-19 complications and should have the peace of mind that the paratransit operator servicing their trip has had early access to a vaccine. Transit, taxi, and paratransit workers' critical contributions to keeping those most vulnerable safe during this pandemic should be met with prioritized access to COVID-19 vaccines to protect themselves and the riders they serve.

Jim Lites, California Airports Council

On behalf of the California Airports Council, I am writing to urge for essential airport employees to be included as a priority for vaccination in California. Per the Cyber Security and Infrastructure Agency, airport employees are considered a component of the nation's essential critical infrastructure workforce under the transportation systems sector. To maintain continuity and reliable operation of air travel, cargo movement, aviation emergency response, and other activities, we strongly advise essential airport employees to have a high priority in the vaccination schedule.

The CAC is comprised of the 31 commercial service airports in the state serving millions of passengers annually. California has 11 of the nation's busiest primary airports and the most annual passengers of any state in the nation.

The urgency for airports is to ensure that employees interfacing with a significant volume of domestic and international passengers, tenants and outside contractors daily, receive the vaccination as soon as possible to reduce risk and further spread of COVID-19. The following is the definition of an essential employee to airports:

An essential airport employee is someone who is required to be on-site as their work function is necessary for the operation of the airport and who must be present at the airport to do their job.

Use of this definition to enable vaccination priority would capture critical front facing workers that have a higher risk of exposure due to frequent enclosed interaction with the public. Employees that are not required to be on-site to perform their function would not be in the essential category. We strongly advise the inclusion of essential airport workers as the discussion moves forward considering the safety, security and reliability of operations is contingent on a healthy workforce for this critical sector.

John Zimmer, Lyft

Thank you for your efforts to guide the State through these extraordinarily challenging times. As one of the largest networks of essential critical infrastructure workers in North America, Lyft is proud to be doing all we can to assist you in fighting the COVID 19 pandemic.

As State health officials prepare to distribute COVID-19 vaccines, we are requesting confirmation that Transportation Network Company drivers will be given high priority status as non-health essential workers in the early phases of vaccine distribution. Individuals who perform transportation services through TNC platforms are on the front lines of the COVID pandemic and as such will provide critical access to vaccination sites for high-risk and vulnerable populations when the vaccines become available.

Designating TNC drivers as high priority essential workers is consistent with Executive Order N-33-20 issued by Governor Gavin Newsom on March 19, 2020, and directives by the State Public Health Officer designating Transportation Network Companies as “Essential Critical Infrastructure Workers” to help state, local, tribal, and industry partners as they work to protect communities, while ensuring continuity of functions critical to public health and safety, as well as economic and national security.¹

Over the past nine months, TNC drivers have provided hundreds of millions of rides across the country – serving people and our communities. These drivers have provided critical access to many services deemed essential under shelter-in-place orders, including transporting patients who need regular rides to and from medical appointments, providing healthcare, public safety and other first responders with rides to work, and delivering essential goods, including meals for home-bound seniors and school lunches for low-income families.

Lyft Healthcare is the one of the largest non-emergency medical transportation (NEMT) services in the United States, facilitating patient transport for thousands of health care organizations, including 9 of the top 10 largest health and hospital systems and all of the top 10 health insurance payers across the country. Lyft Healthcare also works with both Medicaid, Medicare Advantage and commercial health plan populations and partners with key healthcare IT organizations such as Epic and Allscripts, as well as large retail pharmacy chains. Through these health care partnerships, Lyft is eligible to facilitate access to transportation for millions of Medicaid beneficiaries across 14 states and the District of Columbia.

TNC drivers also provide critical access to healthcare services for communities that are heavily and disproportionately affected by shelter-in-place advisories, including home-bound seniors, people living with disabilities, and chemotherapy and dialysis patients. Many of these patients belong to vulnerable populations who will be prioritized for early vaccine distribution, and drivers on the Lyft platform will play a critical role in transporting them to and from vaccination sites.

TNCs have become an integral part of our nation’s transportation systems and provide vital access to health care and other essential services for millions of low income and vulnerable populations. As such, we respectfully request that TNC drivers be given high priority status as non-health essential workers in the early phases of vaccine distribution.

¹ <https://files.covid19.ca.gov/pdf/EssentialCriticalInfrastructureWorkers.pdf>

Al Senella, California Association of Alcohol & Drug Program Executives (CAADPE)

I represent the California Association of Alcohol and Drug Program Executives, who are providers of substance use disorder and addiction treatment programs throughout California. I have a question regarding the Community Vaccine Advisory Committee. In reviewing the membership of this committee, I noticed that there are no organizations representing addiction treatment providers, even though our treatment facilities and staff serve some of the most vulnerable, at risk populations in congregate settings. Since these treatment services are not represented by any of the current members of the advisory committee, it would seem to be important that a treatment provider association like ours have a seat at the table. Otherwise, is there any way our providers would be able to have input into the deliberations and decision-making process of the advisory committee? Thank you for your consideration of this request.

Eileen K. Crowe, American Speech-Language-Hearing Association (ASHA)

On behalf of the American Speech-Language-Hearing Association, I write to request that audiologists and speech-language pathologists be given priority access to the initial distribution of COVID-19 vaccines approved by the U.S. Food and Drug Administration (FDA).

The American Speech-Language-Hearing Association (ASHA) is the national professional, scientific, and credentialing association for 211,000 members and affiliates who are audiologists; speech-language pathologists; speech, language, and hearing scientists; audiology and speech-language pathology support personnel; and students. As of January 2020, there were 770 audiologists and 14,435 speech-language pathologists who are ASHA members in the state of California.ⁱ

Audiologists identify and treat hearing, balance, and other auditory disorders. Audiologists must come in close contact with clients in order to effectively examine and treat their client’s condition; thereby, increasing the risk of COVID-19 transmission. Deaf or hard of hearing individuals who use lipreading to communicate, as well as audiologists and speech-language pathologists (SLPs) who treat them, need clear masks that are not always available.

SLPs assess and treat speech, language, social communication, cognitive-communication, and swallowing disorders in individuals across the lifespan. SLPs provide essential communication services to individuals with a variety of disabilities. Many individuals with communication disabilities are unable to wear a mask for sensory, physical, or other reasons. Other clients may need to remove their mask to engage in assessment or therapy tasks. While the utilization of clear facial masks is advantageous for some clinicians, this type of personal protective equipment (PPE) is not always readily available nor appropriate for clients in all settings—particularly during speech therapy interventions.

Audiologists and SLPs provide essential services to individuals with communication, swallowing, and cognitive disorders in a variety of settings including hospitals, long-term care facilities, schools, client homes, and private clinics. While some providers have been able to adapt their service delivery by conducting assessments and treatments remotely via telepractice, there are circumstances where this is not an option. Some audiologists and SLPs continue providing services for those with communication disorders in person despite a lack of adequate PPE. As noted above, individuals with hearing loss and other communication disorders face challenges when wearing a mask and adhering to social distancing, which places audiologists and SLPs at a greater risk for contracting COVID-19 as a direct result of their work.

Audiologists and SLPs recognize that effective communication is a human right—essential for human interaction—and are willing to put themselves in harm’s way every day to ensure that individuals with communication disorders receive the treatment they need and deserve. ASHA members know that hearing loss, speech, language, cognitive, and swallowing disorders can have lasting impacts on the health, welfare, and safety of individuals throughout their lives.

I urge you to grant audiologists and SLPs prioritized access to the initial distribution of FDA-approved COVID-19 vaccines. If you or your staff have any questions, please contact Janet Deppe, ASHA’s director of state affairs, at jdeppe@asha.org.

Mary B. Dwight, Cystic Fibrosis Foundation

On behalf of the 2,500 people living with cystic fibrosis in California, we write today to comment on the state's plans to allocate and distribute COVID-19 vaccines. We recognize the monumentally difficult task public health officials face when creating allocation plans that are both equitable and actionable during this crisis, and we appreciate that California has taken steps toward creating plans for allocating limited supplies of COVID-19 vaccines to state residents.

Our comments below call on the Community Vaccine Advisory Committee to ensure individuals with serious underlying health conditions are prioritized for access to COVID-19 vaccines, including those living with cystic fibrosis, and encourage the use of specialty providers to help ensure that vaccines get to the right people at the right time.

Background on Cystic Fibrosis and COVID-19

The Cystic Fibrosis Foundation is a national organization actively engaged in the research and development of new therapies for cystic fibrosis - a rare, life-threatening genetic disease that affects more than 30,000 people in the United States. The buildup of thick, sticky mucus in the lungs characteristic of the disease makes people with CF particularly prone to intractable bacterial infections. These chronic airway infections are punctuated by pulmonary exacerbations, events that are a risk factor for an irreversible decline of lung function and associated with morbidity and mortality. A significant proportion of pulmonary exacerbations are triggered by respiratory viral infections; one study found that sixty-five percent of pulmonary exacerbations among people with CF were associated with viral infections .1

With continued progression of the disease, some individuals with CF and advanced lung disease pursue lung transplantation. The absent or malfunctioning protein that causes CF is also associated with a wide range of disease manifestations beyond the lungs, including pancreatic insufficiency that can lead to malnutrition, gastrointestinal issues, biliary cirrhosis, and diabetes mellitus.

While we have seen incredible progress in recent decades for those living with cystic fibrosis, COVID-19 represents a serious threat for this population. Due to the risks posed by viral infections described above and multi-system manifestations of the disease, and people with CF should be considered at increased risk of poor outcomes from COVID- 19 infection.

Individuals with High-Risk Conditions Must Be Prioritized for Access to COVID-19 Vaccines

A number of stakeholders at the national level, including the National Academy of Medicine and the Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices, have identified those at higher risk for severe morbidity and mortality due to COVID-19 as needing to be considered for prioritized access to COVID-19 vaccines. We urge the Community Vaccine Advisory Committee to take into account the work of the CDC in identifying those likely to be at increased risk of COVID-19- including those living with CF.

Due to the heightened life-long risk of infections described above, the CDC has included cystic fibrosis on the list of conditions that may cause people to be at increased risk for severe illness from COVID-19.2 Moreover, as a multi-system condition, cystic fibrosis itself can represent multiple comorbidities, including chronic pancreatic insufficiency, malnutrition, diabetes mellitus, liver disease, bone disease, and others-further increasing this population's vulnerability to complications from COVID-19. Certain patients with CF, such as those living with advanced disease or who are post- transplant, may be especially vulnerable.' Any COVID-

19 vaccine allocation guideline should ensure that vulnerable patient populations with high-risk conditions, such as those living with CF, receive prioritized access to COVID-19 vaccines.

COVID-19 Vaccine Distribution Programs Should Leverage Specialized Provider Networks
Specialty providers, such as the CF care center network, can help overcome some of the onerous implementation challenges associated with COVID-19 vaccine allocation plans. Individuals will likely need to prove the existence of a qualifying medical condition, place of employment, or living situation among other criteria that would make them eligible for early vaccine access. As decisionmakers in the state consider how to implement a vaccine allocation plan that prioritizes certain populations, we encourage them to leverage specialty providers to help ensure that vaccines get to the right people at the right time.

State COVID-19 vaccine allocation plans that are transparent and ensure equitable access to vaccines are an important tool for supporting vulnerable patient populations and care providers in this difficult time. We look forward to working with you as the state continues to revise and develop further allocation recommendations for COVID-19 vaccines.

¹ Wark, Peter A.B. et al. "Viral infections trigger exacerbations of cystic fibrosis in adults and children." *European Respiratory Journal* (2012), Vol. 40 :5 10 -512.

Megan Jacobsmeyer, Library Media Technician, Mar Vista Elementary School

Please Prioritize Public School employees to receive the vaccine before students return to school.

Melissa Cortez-Roth on behalf of National Coalition for Access to Autism Services

NCAAS URGES THE INCLUSION OF ABA PROVIDERS AS HEALTH CARE PERSONNEL FOR COVID-19 VACCINE PRIORITIZATION

As the authorization of a vaccine for COVID-19 becomes close to reality, state health departments are making decisions on how to prioritize the administration of initial doses. The National Coalition for Access to Autism Services (NCAAS) urges state health departments to consider the unique risks Applied Behavior Analysis (ABA) providers encounter treating patients affected by autism spectrum disorder (ASD), including the close proximity often required for intervention and support. NCAAS encourages states to adopt the broad definition of health care personnel recommended by the Advisory Committee on Immunization Practices (ACIP) to ensure behavior analysts and behavior technicians are included in the definition of health care providers who should be prioritized for the vaccine.¹ The definitions cited by ACIP are broad,

recognizing the breadth of the health care personnel workforce needed to provide medically necessary health care treatment, including the services of behavioral health care providers.

NCAAS is a nonprofit organization representing autism treatment providers and the hundreds of thousands of children and families they serve in every state of America who are affected by ASD. NCAAS providers have more than 168,000 employees nationwide and contract with TRICARE, public schools, Medicaid, CHIP, state and local payors, and commercial insurers to provide essential, medically necessary treatment to patients of all ages, although the vast majority of patients are children.

The primary, gold standard treatment for ASD is ABA. It is provided by behavior analysts who design the treatment plan and oversee the work of behavior technicians who provide the day-to-day therapy working directly with patients. Therapy may be provided in a variety of settings, including in-person treatment at a clinic, patient's home, school, or community. Each member of the treatment team is vital for the provision of medically necessary therapy to patients with ASD. It is critical they are able to stay healthy. In addition, ABA provider shortages are pervasive throughout the country, so the loss of any provider to illness or necessary quarantine due to exposure will have a serious impact on access to treatment.

Because of the 1:1 nature of treatment and the fact that many patients are children, physical distancing is not possible, and proper hygiene can be difficult to maintain. Many patients with ASD also have other underlying health conditions, placing them at greater risk if they were to be exposed to COVID-19. Of significant note is the fact that at this time, there is no vaccine available for children. While some clinical trials are beginning for children ages 12 and up, even if approved, this will still leave many children with ASD ineligible for a COVID-19 vaccine. This expected gap in the vaccination of children younger than 12 makes it even more critical that ABA providers, whose patients are often very young children, are included with other health care personnel in the first phase of vaccination to protect *both* providers and patients and their families.

NCAAS members remain committed to serving all patients with ASD and their families. We strongly urge states to ensure behavioral health providers *including* ABA providers are encompassed in definitions of health care personnel for the purpose of priority vaccine distributions.

1 Centers for Disease Control and Prevention, "The Advisory Committee on Immunization Practices' Interim Recommendation for Allocating Initial Supplies of COVID-19 Vaccine — United States, 2020," *Morbidity and Mortality Weekly Report*, Vol. 69 (Dec. 3, 2020), <https://www.cdc.gov/mmwr/volumes/69/wr/pdfs/mm6949e1-H.pdf>. See also Advisory Committee on Immunization Practices, "Allocation of initial supplies of COVID-19 vaccine: Phase 1a" (Dec. 1, 2020), <https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2020-12/COVID-02-Dooling.pdf>.

Tatiana Miller, Teacher and Researcher, Santa Cruz

I am writing to ask that you prioritize K-12 teachers and other school workers for Covid-19 vaccines so that we can get our students back in school safely as soon as possible. As I'm writing this, it is in the news that Germany—a model to the world of keeping schools open—is closing schools due to the highest case numbers yet seen. While our country, state, and communities have approached the virus differently, one thing is clear across our great state and country: Teachers are scared to risk their lives and the lives of others by returning to unperson instruction in the height of the greatest surge, and are not convinced that returns to school are safe.

Even as the data shows schools are not necessarily “super spreaders,” we have ample evidence of cases of teachers and students contracting the virus in school and dying. That is a reality no one can contest. I went into my classroom last week and found desks configured closer than 6 feet apart, even though the CDC says the virus can transmit up to 10 feet indoors. We have come this far protecting our community, and we need to continue.

By not returning safely and risking in the eleventh hour a teacher, a student, or a teacher or student's family member contracting the virus and having it be fatal, on the verge of a vaccine, lives will be forever changed and that change can never be undone. History and the children in this generation will look back and ask why didn't they vaccinate the teachers first? Why didn't they wait until the teachers were vaccinated to bring students back for in-person instruction? The reality and pressure of families relying so heavily on school as a form of childcare has created political pressure on school boards and administration to return to school in person, and with this decision comes incredible consequence which will ultimately rest on individuals' consciences, but that won't bring back one life lost needlessly to the virus.

Please, consider prioritizing vaccinating teachers and staff in schools as a next-tier group following healthcare workers on the frontlines and vulnerable members of our community living in assisted living and nursing homes—so that we may do what we all want—to bring students back to school safely.

Thais Lee

Hello ~ I am writing to strongly suggest that teachers/front line school staff be given high prioritization in the vaccine distribution process. I am in a somewhat unique situation because I have a college age student, high school student, am an independent educational consultant and read freshman applications for a UC school. I see, hear and am reading on these applications the incredible stress and strain that staying at home is having on our students. The cost downstream of NOT getting these students back into school as soon as possible is going to be catastrophic.

May Sato

I thought I would include an article from the non-profit Kaiser Family Foundation about the states planning to prioritize 65+ and those with underlying conditions in 1B rather than 1C. Please consider this when making your decision of how to prioritize our 65+ and Californians with high risk medical conditions. Thank you again. "Alabama, Delaware, Florida, Maryland, North Carolina, and Tennessee each prioritize those 65+ and/or those with high risk medical conditions over non-health essential workers." (<https://www.kff.org/policy-watch/how-are-states-prioritizing-who-will-get-the-covid-19-vaccine-first/>)

You may also want to consult this piece on the topic by Professor Nicole Hassoun. "I urge U.S. officials to look overseas — to the U.K. — whose leaders have put in place an ethical vaccine distribution plan that protects the elderly population — those most likely to die from COVID-19. Unfortunately, it appears the U.S. is on track for a much more chaotic and ethically troubling approach that gives priority to a broad category of “essential workers” and requires the elderly population to wait." (<https://thehill.com/opinion/healthcare/529934-bioethicist-why-uk-getting-vaccine-distribution-right-and-us-is-not>)

Earlier Email

My name is May Sato and I live in Orange County. I heard that your group is putting together the plan for administering the coronavirus vaccine in California and that once it's given out to healthcare workers and people in care facilities (1A), you plan to provide it to essential workers (1B), followed by 65+ and those with underlying conditions (1C).

My belief is that this plan puts many people who need this vaccine too far back in line. I think that the elderly and people with underlying conditions should be moved up to 1B, to be vaccinated at the same time or before essential workers.

My grandmother is a 91 year old who lives alone. She has dementia and a number of illnesses for which she is receiving care from her family doctor. She is at a very high risk for the virus. I have been helping her as much as I can while still remaining physically distant to protect her, but despite my best efforts she refuses to stay in quarantine at home. Her dementia makes her underestimate the risk she is putting herself in by going out.

I fully respect that essential workers have been getting us through this crisis and I think they deserve to be early in the vaccine distribution. I am so grateful to them since they are the ones who make it possible for me and my grandmother to continue living our lives as normally as possible during these very difficult times.

My fear is that if the large group of essential workers (many of whom are at less risk of severe disease than my grandmother) are put ahead of her in line for the vaccine, she may not make it

to get the vaccine at all. On the other hand, if we prioritize the elderly and people with underlying conditions, there will be overlap with those in the essential worker category who are most vulnerable.

Every day I ask her to stay home and every day I am afraid when she refuses to comply. She has said that she would take a vaccine as soon as it is available, but I am scared that by prioritizing so many before her (and others among the most vulnerable groups of ill and elderly), we may put her at even further risk.

I've read up on how the vaccines work, and to date there is no evidence that it keeps people from transmitting the coronavirus to others. The clinical evidence shows that the coronavirus vaccine keeps people from becoming very sick. This suggests to me that even if essential workers are vaccinated, it may not prevent them from infecting the highest risk people they interact with at work.

With this knowledge, would it not make sense to prioritize vaccinating the people most physically vulnerable like our grandparents and our family and friends with underlying illness?

It seems that other states are taking this issue into account and reorganizing their priorities to put the high risk first. I hope you will consider doing so too. Every day counts and I want to believe my country values saving the most vulnerable, including the grandma I love so much.

I want to end by saying thank you for all that your committee is doing, for your transparency and your hard work. I know that the task ahead of you is not an easy one, and I appreciate you considering my thoughts and concerns.

C. A. Wilson, RN, MA, LHA, St. Paul's Senior Services

I am writing to request inclusion of Program of All-Inclusive Care for the Elderly (PACE) in the populations prioritized for distribution of the COVID-19 vaccines. PACE serves individuals who are age 55 and over who meet our state's criteria for needing a nursing home level of care but live in the community with the support of the PACE program.

Like their nursing facility resident counterparts, PACE participants are at significant risk of severe illness and death from COVID-19 given their advanced age and health status. In its most recent recommendations, the Advisory Committee on Immunization Practices (ACIP) clearly recognized the vulnerability of frail elderly and disabled residents of nursing homes, assisted living facilities and other congregate settings to the severe complications of COVID-19. Equally as vulnerable are similarly frail elderly and disabled individuals in the community.

For PACE organizations, having access to the COVID-19 vaccine is of utmost importance. Notably, PACE organizations operate PACE centers where the vaccine could be administered in

a centralized location to our population of frail older adults. Further, PACE organizations provide transportation services to enable our older adults to receive the vaccine at our centralized PACE center location.

ⁱ American Speech-Language-Hearing Association. (n.d.). *State Quick Facts About the Professions*. <https://www.asha.org/advocacy/state/quick-facts/>.